

**Authorization to SHARE Contact Data**  
**Rocky Mountain CFS/ME & FM Association (RMCFA)**

**Please Print . . .**                      **Private:** Date of Authorization: \_\_\_\_\_

**Private:** Your Signature (authorizing sharing of your data below): \_\_\_\_\_

**Private:** eMail (for sending data only if eMail is not shared below): \_\_\_\_\_

This form authorizes RMCFA to share contact data below *with others who also share their data.*

Shareable contact data is (A) sent via email in a *password-secured* PDF file, with the password sent by separate email, or (B) *occasionally* postal mailed to those who do not use email.

*Note **Required** data items. Please provide as much optional data as you are willing ...*

First Name (**Required**): \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (**At least one Required**)      eMail: \_\_\_\_\_

City: \_\_\_\_\_ Nearest major Intersection: \_\_\_\_\_

Circle **at least 1** Primary Interest (**Required**):      CFS/ME                      Fibromyalgia

Circle **no more than 1** Secondary Interest:      also Fibromyalgia              also CFS/ME

( if mailing form, return to RMCFA c/o Tim Smith, 7020 E Girard Ave Apt 207, Denver, CO 80224 )