

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)