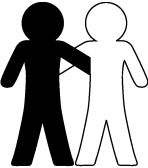


TWINLESS TWINS SUPPORT GROUP



Membership Form

Your full name: _____ Today's date: _____

Street address: _____

City: _____ State _____ Zip: _____

Phone number: (____) _____ Email address: _____

Your birth date: _____ Your twin's name, if named: _____

Date of twin's death: _____ Identical Fraternal

Cause of twin's death: _____

May we publish your information in the Twinless Twin roster? Yes No

For the safety and confidentiality of every member, each person's membership is conditioned upon willingness to commit and abide by the following Code of Ethics and Conduct: No member shall cause an ill reflection upon another member whether by email, phone, letter, gossip or any other means. If a conflict develops, it should be resolved through mutual conflict resolution. Forgiveness and repentance are the keys to this resolution in order to nurture one another or even stand as a group, we must value the sanctity and privacy of each member. By your signature below, you agree to commit and abide by this Code of Conduct.

Signed: _____

Twinless Twins Support Group is a non-profit organization that depends on support from its members. All members are given a one year subscription to the *Twinless Times* newsletter and are listed in the TT roster. We encourage new members to submit a story, note, poem, or letter about their twin/twinship to be published in the *Twinless Times* newsletter. This is a great way to introduce yourself to the group. There is an annual membership fee of \$50.00. Please mail this form, submission to the *Twinless Times* newsletter, and your check/money order made payable to Twinless Twins Support Group to:

Twinless Twins Support Group
P.O. Box 980481
Ypsilanti, MI 48198