

CURE



CURE Member Profile

Name _____

Street Address _____

City _____; State _____; Zip Code _____

Business Telephone No. (_____) _____

Home Telephone No. (_____) _____

Cellular Telephone No. (_____) _____

Business E-mail Address _____

Home E-mail Address _____

Business Website _____

Religion _____

Occupation _____

Country of Origin _____

Ethnicity _____

Other Affiliated Organizations _____

Interests – Hobbies – Special Skills _____

Resources (e.g., school, facilities, food) _____

Other persons or groups that might be interested in CURE:

Name _____; Tel. No. _____; Email _____

Name _____; Tel. No. _____; Email _____

Name _____; Tel. No. _____; Email _____

Name _____; Tel. No. _____; Email _____