

The ALMA Society, Inc.
PO Box 85, Denville, NJ 07834
www.almasociety.org

Membership Registration Form

Registration Fee: \$35.00 Lifetime Membership

FOR OFFICE USE ONLY
Member #: _____
Date Joined: _____

If completing by hand, please TYPE or PRINT legibly with BLACK INK. THIS IS MY ☐ FIRST REGISTRATION ☐ AN UPDATE
I AM ☐ ADOPTEE ☐ BIRTH PARENT* ☐ FOSTERED PERSON ☐ ADOPTIVE PARENT ☐ SIBLING ☐ OTHER: _____
PRESENT NAME _____ TELEPHONE (Home) _____
ADDRESS _____ APT _____ TELEPHONE (Cell) _____
CITY _____ STATE _____ LAST 4 DIGITS OF SS# (YOUR ALMA PIN) _____
COUNTRY _____ ZIP CODE _____ EMAIL ADDRESS _____
I AM SEEKING ☐ Mother ☐ Father ☐ Sister ☐ Brother ☐ Grandchild ☐ Other _____
* If you are a birth parent seeking more than one child, please complete a SEPARATE form for each child.

INFORMATION ABOUT THE ADOPTED PERSON (Leave blank if unknown) GENDER OF ADOPTEE: ☐ FEMALE ☐ MALE
BIRTHDATE (Month/Day/Year) _____ TIME ____:____ ☐ AM ☐ PM BIRTH WEIGHT _____ LBS. _____ OZ.
HOSPITAL (Birth Place) _____ ATTENDING PHYSICIAN (or other) _____
CITY OF BIRTH _____ COUNTY _____ STATE _____ COUNTRY _____
NAME GIVEN AT BIRTH _____ NAME GIVEN AT ADOPTION _____
ADOPTIVE FATHER'S NAME _____ ADOPTIVE MOTHER'S MAIDEN NAME _____
IF Twins/Triplets how many MALES?__ FEMALES?__ SEPARATED BY ADOPTION ☐ YES ☐ NO Name(s) _____
BIRTH CERTIFICATE #: (State) _____ (Local) _____ THIS ADOPTION WAS: ☐ PRIVATE ☐ AGENCY ☐ STATE/COUNTY
NAME OF PLACEMENT AGENCY _____ CITY _____ STATE _____
COURT OF JURISDICTION _____ CITY _____ STATE _____

INFORMATION ABOUT BIRTH PARENTS AT THE TIME OF BIRTH/SURRENDER

BIRTH MOTHER	BIRTH FATHER
NAME:	
MAIDEN NAME:	*****n/a*****
BIRTHDATE:	
BIRTH PLACE: CITY: STATE:	CITY: STATE:
RELIGION:	
EDUCATION:	
OCCUPATION:	
ETHNICITY/ANCESTRY:	
PHYSICAL DESCRIPTION: HEIGHT: EYES: HAIR:	HEIGHT: EYES: HAIR:
MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH:	<input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH:
OTHER CHILDREN:	
PARENTS' NAMES:	
WERE BIRTH PARENTS MARRIED TO EACH OTHER: <input type="checkbox"/> YES <input type="checkbox"/> NO	DID BIRTH FATHER KNOW OF THE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO

HOW DID YOU HEAR ABOUT ALMA? ☐ MEMBER ☐ FRIEND ☐ STATE/AGENCY/ATTORNEY ☐ OTHER: _____

Please pay your \$35.00 Lifetime Membership fee via the PayPal link here: www.almasociety.org/register

Email this form to: thealmasociety@gmail.com. You will become active in our Reunion Registry after payment is received.

The ALMA Society, Inc. is a 501(c)(3). Registration fees and donations are IRS tax deductible and non-refundable.

Check One:

- ☐ Please keep my information confidential and release it only to the person for whom this search is conducted.
☐ ALMA has my permission to release my confidential registration information to search assistants/volunteers in ALMA's network.

I hereby give permission for The ALMA Society to release my name and contact information to the person for whom this search is conducted. ALMA will not contact or release names of adoptive parents: a) who are not members of record (i.e. have not joined ALMA themselves) or b) have not given ALMA written permission to share that information with their son or daughter's birth parent. I certify that I am the person who completed this form. (Signature or e-signature required).

Signature _____

Date _____