



EQUAL PARENTING PARTY USA INC.

PO Box 998, Rocky Point, NY 11778

www.EqualParentingParty.org

MEMBERSHIP APPLICATION

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

All of the above are required.

The following are optional, but aid us in communications. All information disclosed on this form is for the internal use of the Equal Parenting Party USA Inc. and will not be disclosed or distributed to any third party. Your privacy is respected.

E-Mail Address: _____

Phone Number: (_____) _____

Make check payable to:

Equal Parenting Party USA Inc.

Mail to:

Equal Parenting Party USA Inc.
PO Box 998
Rocky Point, NY 11778

Amount: \$50.00 per person