

**JOIN OUR FOUNDATION!**  
NO MEMBERSHIP FEE IS REQUIRED

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**MEMBERSHIP APPLICATION**  
**INTERNATIONAL CLEFT LIP and PALATE FOUNDATION**

Please type and complete all sections accurately to avoid processing delay. Do not submit vita.

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Preferred Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number (        ) \_\_\_\_\_ Fax(        ) \_\_\_\_\_

Mobile Phone Number (        ) \_\_\_\_\_

E-mail \_\_\_\_\_ Other email address: \_\_\_\_\_

Optional:

Sex: \_\_\_\_\_ M \_\_\_\_\_ F                      Date of Birth \_\_\_\_\_

Specialty: Speech-Language Sciences and Disorders

Institutional and/or Professional Affiliations(e.g., private practice; Prof., Department of Orthodontics, Dalhousie University )  
\_\_\_\_\_  
\_\_\_\_\_

Professional Organizations(Give names of other professional organizations in which you are a member in good standing, representing your area of expertise.)  
\_\_\_\_\_  
\_\_\_\_\_

Interest in the treatment and/or Support of Cleft Lip and Palate and Handicapped Persons. Describe your professional activities in cleft lip and palate rehabilitation. Include information concerning the nature of your work, and your interests regarding this population and International Cleft Lip and Palate Foundation.  
\_\_\_\_\_  
\_\_\_\_\_  
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Return to: International Cleft Lip and Palate Foundation

Secretarial office: JCPF

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Fax: 81-52-757-4465

E-mail: [office@icpfweb.org](mailto:office@icpfweb.org)