



AMERICAN PORPHYRIA FOUNDATION

P.O. Box 22712 Houston, Texas 77227

Telephone: (713) 266-9617

Fax: (713) 840-9552

MEMBER CONSENT FORM

I, _____, hereby authorize and consent to the publication of my name, address, and other contact information as part of the regular "In Touch" column published in the newsletter, the "In Touch" section of the website and/or in the "Patient Stories" section on the website by the American Porphyria Foundation (APF), which is distributed to APF's members and supporters. I voluntarily make this authorization and consent to this listing, fully realizing that I may be contacted directly by others as a result of this listing, and that the APF has no control over the subsequent distribution and use of information so published.

I further acknowledge that the APF does not undertake to screen or conduct background checks or persons prior to listing their names and addresses in the "In Touch" column, and that the APF does not control or supervise any contacts, communications, or activities that occur as a result of this listing.

This permission shall continue in effect until such time as it is revoked in writing by me.

I am at least eighteen years of age. **YES** _____ **NO** _____

Signature

Date

Name: _____

Address: _____

Telephone: _____

E-mail: _____