

PMP PALS' NETWORK

Email to pmpals@yahoo.com

Visit us on the web at www.pmpals.org

Write to us at Post Office Box 6484*Salinas, CA*93912*USA

2012 Application for membership in the PMP Pals' Network Resource and Support Groups

If you prefer to **simply subscribe to our weekly online newsletter, PMP Pals**, and **do not want to participate** in our Pal Resource and Support Group listservs, please stop here and register for our newsletter via the **"Newsletter"** link at www.pmpals.org

Thank you for your interest in joining, **or**, renewing your **Pal Resource and Support Group** listservs membership (**including** our weekly newsletter) in the **PMP Pals' Network** for **2012!**

We assist patients, caregivers and healthcare providers in 49 countries around the world and we look forward to assisting **you!**

In order to serve your needs, we ask that you take a few minutes to complete this form, and return it to us with your subscription membership registration dues.*

We are a "grass roots" volunteer networking organization. We neither receive nor solicit compensation from healthcare providers, cancer societies, cancer treatment centers, pharmaceutical companies or government agencies. We are here to represent **you**, the patient, and **your** family member caregiver(s).

"Pal" members participate in our **Pal Resource and Support Group listservs** and are **encouraged to communicate and exchange information** regarding their common diagnoses, medical treatment, preparation and recuperation from surgery and/or chemotherapy, health insurance concerns, employment, ostomy care, diet and nutrition, etc.

We communicate via telephone, personal visits, email, our support group listservs, postal mail, web cam and SKYPE. In order to protect your privacy and our integrity, we do not host or participate in online message boards, chat rooms or Facebook, pertaining to our diagnosis.

All registered member participants in our **Pal Resource and Support Group listservs** are required to utilize their **real names** in their communications with other "Pals". In order to protect the integrity of all "Pal" participants, email addresses that **clearly identify participants by their names are required. Pseudo names are not allowed.**

We respect and follow **HIPAA** guidelines to insure your privacy. The information you provide to us, including names, email addresses and phone numbers, is shared only with other members **who have agreed to respect our privacy policy** and who share your same diagnosis and/or other information that **you request** to be exchanged with others. Please see **"We Protect Your Privacy"** under the **"About Us"** link at www.pmpals.org for a detailed listing of the **international privacy laws for patient protection** that "Pal" members follow.

Registered member participants, also known as "Pals" **must abide by the confidentiality** requirements listed on page 5 of this application. We do not share or sell your personal information with healthcare providers, cancer societies, or organizations seeking donations from you.

*Registration dues are utilized to help defray some of the costs of producing and maintaining our website at www.pmpals.org, publishing and distributing our weekly **newsletter**, responding to your **telephone** calls, **emails** and written **correspondence** (usually within 1-10 hours of receipt), production and distribution of the informative series of Pals' **handbooks**, office supplies, computer maintenance, etc.

Continue to page two...

Page Two: Please complete this form with your 2012 membership registration dues to help us help *you!*

Your membership registration dues help defray the costs associated in services and products provided by our vendors.

Our vendors include: Apple, AT&T Telephone, Comcast DSL, Impress print services, Office Max office supplies, Office Depot office supplies, USPS First Class, domestic and global Priority Mail services, Constant Contact software lease, Fat Cow software lease, Geek Squad technical support, Microsoft, Trend Micro, CVS photo development, Paper Direct office supplies, Vista printing, Jose Espinoza Videography, Carbonite data storage, UOAA United Ostomy Association dues.

PAL INFO (check one):

- _____ I am joining/renewing as a **Pal Patient**
- _____ I am joining/renewing as a **Pal Caregiver** (i.e., friend, family member, spouse)
- _____ I am joining/renewing in **memory** of a loved one

Name _____

Mailing Address _____

City & State/Province _____

Country & Postal Code _____

Email _____

Telephone _____

Birth date (optional) _____

Occupation (optional) _____

My family caregiver (spouse/friend) is: _____

My diagnosis as listed on my pathology report is (ie Mucinous Adeno, Pseudomyxoma, DPAM, Peri Carcino, Mesothelioma, Colorectal, Sig Ring Cell, etc): _____

My chemotherapy regimen is/has been: (ie HIPEC, Folfox, Xeloda, etc) _____

I have/have not (circle one) had at least one surgery _____

Date and hospital of my last surgery _____

I learned about the PMP Pals Network via: Physician Referral (name) _____ Internet "Search" _____ Another Patient _____

Do you have any other special needs? _____

Please continue to page three...

Page 3: **Select up to three Pal Resource Groups that you would like to participate in!**
Pals communicate with each other directly via telephone, personal email, personal visits and SKYPE!

YOUR PRIVACY PREFERENCE: INITIAL ONE

- _____ **Yes**, I would like to communicate and share my name, phone number, email address and diagnosis description with other "Pals" who have agreed to follow confidentiality guidelines*.
- _____ **No**, I do not want to communicate share my name, phone number, email address or diagnosis description with other Pals.

For **"Yes"** select (check) **up to three** of the following **Pal Resource Groups listservs** that you want to participate in:

SPECIAL NEEDS RESOURCE GROUPS

- _____ Ostomy (specify which type of ostomy (ies) you have) _____
- _____ Chemotherapy and/or HIPEC (specify which type(s) _____
- _____ Disease Free (5 + years of "clear" CT scans and normal range tumor markers, per your physician)
- _____ DPAM
- _____ Mens' Support (ages 30+to 80+)
- _____ Mucinous Adenocarcinoma
- _____ Senior Pals (age 65+)
- _____ Signet Ring Cell
- _____ Womens' Support (ages 20+ to 90+)
- _____ Young Families (with school age children at home: how many and ages) _____
- _____ Young Singles (under age 40)
- _____ Bereavement Support (families who have lost a loved one to cancer)
- _____ Parents of Pals (parents whose adult child is a patient)
- _____ **Other needs** (please specify other special needs you may have eg "fistula, gastrectomy, lung metastasis, TPN, etc _____

PRE OP AND POST OP RESOURCE GROUPS

- _____ I am considering my options for surgical and/or HIPEC and/or systemic chemo treatment
- _____ I am **seeking treatment** with Dr _____
- _____ I am **undecided** about when/where to seek treatment
- _____ I am **recuperating** from surgical and/or chemo treatment with Dr _____
- _____ I am in the **"watchful waiting"** monitoring mode with Dr _____

Continue to page four...

Page 4: **Service Menu Pal Program Resource Groups' Participant Registration Rates**

All rates are listed per year. All rates are listed in US dollars. Service year ends on December 31 of each year.

All rates **include** \$35 for annual newsletter subscription and \$30 for participant registration.

REGISTRATION DUES Check/select and enclose all service menu item dues that apply to you:

- Access to www.pmppals.org continues to be... **Free**
- Subscription to PMP Pals' Network Blog continues to be ... **Free**
- Basic** PMP Pals' Network Participant Registration **includes>>>** **\$65 US**
unlimited participation in up to **3 Pal Resource Groups per year**
- Standard** PMP Pals' Network Participant Registration **includes >>>** **\$75 US**
unlimited participation in up to **3 Pal Resource Groups**
personal answers to up to **three questions per year** within 24 hours of receipt
- Enhanced** PMP Pals' Network Participant Registration **includes >>>** **\$100 US**
participation in up to **6 Pal Resource Groups**
and personal answers to up to **six questions per year**, within 24 hours of receipt,
and/or one 60 minute telephone consultation, by appointment. Patient/caregiver pays long distance toll.

Personal Q&A are defined as those questions submitted to pmppals@yahoo.com for which the answers/information is already posted on www.pmppals.org but for which the Pal submitting the question does not, or will not, take the time to read for him/herself. www.pmppals.org provides **an extensive library of research and resource information** and is updated daily.

Opportunities to support PMP Pals' Network Program services

Sponsor a subscription to the **PMP Pals' Newsletter** for your cancer treatment specialist!

The PMP Pals' Network does not solicit nor accept payment from healthcare providers affiliated with cancer treatment including "our own" surgical oncologists and their physician assistants (more than 150 in 49 countries) to whom we distribute the **PMP Pals' Newsletter**.

- Sponsor** a 2012 subscription to the **PMP Pals' Newsletter** for a healthcare provider!
If you have a preference for a specific MD or PA, please provide **his/her email address** with your sponsorship. **\$35 US**
- Sponsor** a memorial for a loved on our **Memorials** page at www.pmppals.org for 2012 **\$35 US**
- Sponsor** an **established** web page on www.pmppals.org for 2012 **\$100 US**
- Sponsor** a **new** web page on www.pmppals.org for 2012 **\$250 US**
includes the cost of page design and development
- Sponsor** an **established** Pals' Resource Group for 2012 **\$100 US**
- Sponsor** a **new** Pals' Resource Group for 2012 **\$150-\$250**
(varies on the size of the resource group)

Sponsors are listed at the bottom of each web page they sponsor. Sponsors may be anonymous, if preferred.

EXPIRATION

I understand that all subscriptions and subscription memberships expire on December 31st of each year, regardless of the date they were initiated. Subscribers may access an entire calendar year's worth of archived newsletters, posted for the year in which they have subscribed, regardless of which date(s) they subscribe.

Make check for dues payable to: PMP Pals'
Mail check for dues to: G. Graham - Post Office Box 6484 - Salinas CA 93912 – USA
Do not send via certified mail. **Include your "return address" on your envelope.**

PMP Pals' Network Menu of Services for 2012/Visit us at www.pmppals.org/ Copyright © 2012 by the PMP Pals' Network.

Continue to page five....

Page 5: PLEASE READ, SIGN AND RETURN WITH YOUR DUES:

***PMP PALS' PARTICIPANT REQUIREMENTS FOR CONFIDENTIALITY & COPYRIGHT ARE APPLICABLE TO ALL**

I understand that there is only one membership per household. Family members (spouses/partners/adult children, etc) **residing within my** physical household may be **included** in my subscription membership. Family members and friends **residing outside** my household must apply for their own membership(s).

I understand that the information provided through the **PMP Pals' Network** is for **educational** purposes only. Participants/subscribers of the **PMP Pals' Network** understand that the **Network** is not a substitute for professional medical or legal advice. **The PMP Pals' Network** does not provide professional advice for medical diagnosis or treatment. Advice or information received through our program services should not be relied upon for medical, legal, or financial decisions. Participants should consult with an appropriate professional to obtain specific advice regarding their own individual needs. I will not offer medical advice to other Pal Patients or Pal Caregivers unless I am a licensed healthcare professional.

The **PMP Pals' Network** is committed to patient and family caregiver confidentiality and privacy. I agree to follow **HIPAA** guidelines (see **ABOUT US** link at **www.pmpals.org**) regardless of the country where I reside or communicate from. I understand that information exchanged or obtained through participants of the **PMP Pals' Network** may not be distributed to any third party or used without written permission from the PMP Pals' Network.

I understand that if I participate in any of the **Pal Resource Groups**, or receive any communications via the **PMP Pals' Network**, I must protect the **privacy** of all other Pal Patients and Pal Caregivers. I will not exchange nor duplicate nor replicate patient names, email addresses, telephone numbers or other personal information, provided to me by the Network, without written permission from the Network.

I understand that all **solicitations** for **religious, political causes/campaigns, charities, donations, sales of items, chain letters, pyramid schemes, petitions for signatures, sales pitches for "cures"**, or for other purposes, **using any information**, including the names, email addresses, telephone numbers and mailing address of the subscribers and participants obtained through the **PMP Pals' Network**, are prohibited. I understand that the distribution of viruses or other harmful computer code through email or websites is prohibited.

I understand that all text, information, graphics, and materials distributed through the **PMP Pals' Network** including our **Newsletters, Handbooks, Pal Resource Group lists, Email** communications, **brochures**, etc., and **www.pmpals.org** are **copyrighted** and may not be reproduced in any manner without written permission from the **PMP Pals' Network**.

I understand that the use of **colloquialisms** (i.e. "jelly belly", "shake and bake", "MOAS", etc.) which demean or distract from the nature of our shared disease, or the medical treatments for our disease, are **prohibited**, as they are contrary to our common goal of obtaining **recognition, respect** and **research** for our disease.

I understand that if participate in online message boards or forums pertaining to cancer treatment, that any of Pal Mentor(s) assigned to me may voluntarily choose to cease or suspend communications with me, per our privacy agreements.

The **PMP Pals' Network** reserves the right to rescind the subscription membership of any individual(s) who doesn't abide by these standards. Any posting(s) that might result in criminal or illegal behavior or that is slanderous of fellow patients and/or healthcare providers is prohibited.

I agree to abide by all requirements as listed above:

Print name: _____ Signature: _____

Date: _____

