



Application for New Membership (Please Return via Mail or Fax)

This information will be used only by Good Genes and will not be made available to any other group or used for any other purpose. It is our policy to refund all or part of the membership fee if the member is discontented.

Mail or Fax this form to:

Good Genes, Inc.

P.O. Box 990935 • Boston, MA 02199

Fax: (617) 859-9624 • Phone: (617) 247-3232

www.goodgenes.com

Once proof of status is received, your membership will be confirmed.

FOR ADMINISTRATIVE PURPOSES

The following information is mandatory, but will NOT be included in your biography.

NAME: FIRST LAST MIDDLE GENDER

ADDRESS: STREET APT. P.O. BOX

CITY STATE ZIP COUNTRY

PHONE: DAY NIGHT CELLULAR FAX

BIOGRAPHY

Please fill in the information as you would like it to appear in your biography.

NAME: FIRST LAST MIDDLE GENDER

Method of Contact: Please supply one method of contact, if email, please include a second method as well.

1. EMAIL ADDRESS:

2. ADDRESS: STREET APT. P.O. BOX

CITY STATE ZIP COUNTRY

3. PHONE/FAX: DAY NIGHT CELLULAR FAX

A SHORT PROFILE

(35 WORDS MINIMUM: age required, religion optional)

OTHER QUESTIONS (Continued):

Which are important for your companion to share?

Personal thoughts on politics (your social views):

Your description of a good relationship:

Type of vacations you prefer:

Describe the traits of your ideal companion:

How do you spend your leisure time?

What aspects of your personality are the most important that you have to contribute in a relationship?

Is there anymore interesting and/or important information about yourself that you wish to add to your biography?
(Personal thoughts on relocation &/or long distance relationships may be added here).

CLIENT SURVEY:

How did you find out about Good Genes?

Please suggest any ways Good Genes could improve its services:

EDUCATION, OCCUPATION & PERSONAL

FIRST SCHOOL DEGREE OR FACULTY STATUS YEAR GRADUATED OR EMPLOYED

SECOND SCHOOL DEGREE OR FACULTY STATUS YEAR GRADUATED OR EMPLOYED

THIRD SCHOOL DEGREE OR FACULTY STATUS YEAR GRADUATED OR EMPLOYED

OCCUPATION INFORMATION:

MARITAL STATUS:

SINGLE SEPARATED DIVORCED WIDOWED

OF CHILDREN AGES OF CHILDREN

VITAL INFORMATION:

AGE HEIGHT WEIGHT

RELIGION (If any) DO YOU VALUE HAVING A COMPANION OF THE SAME BELIEFS?

COMMENTS

ARE YOU WILLING TO PROVIDE A PHOTOGRAPH OF YOURSELF? YES NO OPTIONAL

YOUR PERSONAL WEB SITE PASSWORD

PASSWORD (Please use between 5 and 15 alphanumeric characters)

ADDITIONAL QUESTIONS

Your physical description (other than height and weight):

Preferred reading material (books/magazines/newspapers):

Particular interests and hobbies: