

MEMBER'S AUTHORIZATION
TO PUBLISH INFORMATION

By my signature below, I authorize SWABH to publish on its website information I have provided to SWABH about the type of services I offer and/or the types of referrals I accept, including my name, professional credentials, phone, email address, mailing address, and photograph.

I further agree that it is my responsibility to assure that the information SWABH has is current and accurate.

Member's Name (print) _____

Member's Signature _____

Date _____, 200__