

THE AMERICAN COLLEGE OF SEXOLOGISTS
Data Base Information Update Form

Please print

Date_____

Name:_____

Degree(s) and Title(s):_____

Membership Status: Sexologist Diplomate

Professional Status: Active Retired

Specialties:_____

ACS Certificate Signed by:_____ **Date**_____

Office Address:_____

City:_____ State:_____

Zip Code:_____ Country:_____

Office Phone:_____ Office FAX:_____

E-mail Address: _____

Web-site address:_____

Home Address:_____

City:_____ State:_____

Zip Code:_____ Country:_____

Home Phone:_____ Cell Phone:_____

Please complete the ACS Website Listing Information Update form on the reverse side of this form. Thank you.

THE AMERICAN COLLEGE OF SEXOLOGISTS

Website Listing Information Update

Please check the following sections, as listed on the Data Base Information Update Form (reverse side) that you want listed on The American College of Sexologists web-site.

- Name
- Degree(s)
- Title(s)
- Professional Status
- Specialties

- Office Address
- Office Phone
- Office Fax
- Office E-mail address
- Office Web-site

I hereby give permission for The American College of Sexologists to list the information I have checked above on the ACS web-site.

Date: _____ Signature _____

This completed form should be mailed to:

THE AMERICAN COLLEGE OF SEXOLOGISTS
Thomas Erwin Gertz, Ed.D., DACS
Executive Director
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