

# 2007 Membership Renewal Form

Thank you for your commitment to PWSA (USA) of Michigan



Issue Date: 2-1-07

Application Due Date: APRIL 21, 2007

Last Payment:

Member Name(s):

Street Address:

Name of person with PWS:

City:

State:

Zip:

Sex:

DOB:

County:

Your \*relationship to person with PWS:

Contact Information: Home Phone:  
Work Phone:  
Cell Phone  
E-mail:

**\*Relationship Codes:** 01=Parent, 12=Sibling,  
23=Grandparent, 34=Relative/Friend, 03=Professional,  
15=Physician, 27=Group Home/Residence, 39=Human  
Services, 07=Educators, 16=Clinics-PWS, 17=Hospitals,  
18=Rehabilitation Center, 04=Protective and Advocacy

Membership Types	Dues	
Individual (One Vote)	\$10.00	
Family (Two Votes)	\$15.00	
Professional and/or Organization	\$20.00	
Unable to pay at this Time (If at anytime you cannot afford to pay, please check this box and PWSA (USA)-M will pay your dues so you can continue receiving <u>From the Heart</u> , PWSA(USA)-M's newsletter.)	N/A	
<b>MAKE CHECKS PAYABLE TO: PWSA OF MICHIGAN</b> Note: Membership dues are Not Tax Deductible.	<b>Total Due</b>	

**PWSA of Michigan Policy on Member Lists:** We encourage our members to share information both for PWSA(USA) and for family support and other member networking. As a general policy, these lists are never sold for commercial purposes. Please indicate by checking the appropriate box(es) whether we may include your name in these two lists:

- PWSA (USA)**—Your name may be given out to PWSA(USA) national office only for additional information on research, family support, and other member networking. PWSA of Michigan recommends that all members of the Michigan chapter also become members of PWSA(USA).
- Membership Sharing List**—Your name may be given out to PWSA of Michigan members only for networking purposes.
- NO RELEASE**—Your name will be kept on a confidential list, available only to PWSA of Michigan officials.
- I do not wish to be a member. Please remove my name from the Mailing and Membership List.**