

Prader-Willi Syndrome Association (USA) Membership Application

Member Name(s) _____
(First) (Last)

Address: _____
(Title/Affiliation/Organization, if applicable)

(Street)

(City) (State) (Country) (Zip/Postal code)

Telephone: Home (_____) _____ Work (_____) _____ E-mail: _____ **

*** GO GREEN! "The Gathered View" newsletter will be emailed unless you indicate below for a paper version:

Please mail a paper version

Are you a PWSA Chapter Member? ___ Yes ___ No (If yes, which chapter?) _____

Name of person with PWS: _____ Birthdate: ____/____/____ Male Female

Families/Individuals - What is the relationship of the person(s) above to the person with Prader-Willi syndrome? _____

***Relationship Codes:** 01=Parent/Guardian; 17=Grandparent; 95=Sibling; 51=Aunt/Uncle; 02=Relative/Friend

Professionals, Organizations, Others – Please choose a relationship code from the list below: _____

***Relationship Codes:** 25=Chapter; 05=Care Provider; 19=Health Professional; 07=Educator; 14=Clinic-PWS; 91=Nutritionist/Dietician; 29=Physician; 39=Researcher/Scientist; 31=Social Worker

Membership Dues	U.S. Address	Outside the U.S.
Individual, Family and Professional / Organization (one vote)	\$50.00	\$60.00
Sponsored Family- PWSA (USA) supports 270 families affected by adversity each year. If you would like to show your support of this program, please choose "sponsored family" membership on the payment form and include the additional amount required when you send in your payment.	\$50.00	\$60.00
Auxiliary Membership -Anyone with a current membership can sponsor and pay for other people as auxiliary members for a special auxiliary membership fee, which entitles that auxiliary member to receive the Gathered View and be on our mailing list. Accepted Auxiliary Memberships would be a relative, doctor, educator, therapist, etc. (over)	\$15.00	\$25.00

PWSA Policy on Member Lists: We encourage our members to share information both for research on PWS 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:

Research List—Research projects, often in the form of surveys, may solicit participants from this list of members. All research proposals must be approved by the Scientific Advisory Board of PWSA (USA) before release of this list.

Membership Sharing List—Your name may be given out to PWSA (USA) members only for networking purposes.

NO RELEASE—Your name will be kept on a confidential list, available only to PWSA (USA) officials.

Signed: _____

PWSA (USA), 8588 Potter Park Drive, Suite 500, Sarasota, Florida 34238

Phone: (941) 312-0400 or (800) 926-4797

Fax (941) 312-0142

Email: info@pwsausa.org

www.pwsausa.org

<u>MEMBERSHIP DUES</u> (one category of membership for individuals, family and professionals)	U.S.	Foreign	Amount
Lifetime Membership (One Vote) *	\$1,000	\$1,200	
Annual Membership (One Vote): 1 year	\$50	\$60	
Multi-Year Membership/U.S. (One Vote): 2 years/\$100 or 5 years/\$250 **			
Multi-Year Membership/Foreign (One Vote): 2 years/\$120 or 5 years/\$300 **			
Unable To Pay At This Time – If at anytime you cannot afford to pay, please check this box and we will pay your dues so you can continue receiving the <u>Gathered View</u> .			
Auxiliary Memberships - Auxiliary memberships may be purchased at the same time you purchase or renew your membership and can be renewed or removed with your annual membership renewal. If you would like to sign up new auxiliary members before your renewal date, please call the office at 800-926-4797. * LIFETIME MEMBERSHIP WITH AUXILIARY MEMBERSHIP(S) WILL BE BILLED EACH JANUARY FOR AUXILIARIES ON AN ANNUAL BASIS. ** IF PAYING FOR A MULTI-YEAR MEMBERSHIP, AUXILIARY MEMBERSHIP(S) MUST BE PAID AS MULTIPLE YEARS ALSO.	\$15/yr (each)	\$25/yr (each)	

Donations

“Adopt a Family” - PWSA (USA) supports over 300 families affected by adversity each year. If you would like to give the <i>“Gift of Membership,”</i> please include the additional donation when you send your payment.	\$50/each	
____ In Memory of or ____ In Honor of (<i>name</i>)		
Program Support		
Angel Fund		
Research		
Crisis Intervention		
MAKE CHECKS PAYABLE TO: PWSA (USA) Note: International payments must be paid in U.S. funds, international money order, or through a bank with a U.S. clearing house (credit card payment method preferred).	Total Due	

For Credit Card Payments: Master VISA Discover AMEX **SECURITY CODE:** _____

Account No: _____ Expiration Date: _____

Name on card: _____ Signature: _____

AUXILIARY MEMBERS

Auxiliary One <input type="checkbox"/> Change <input type="checkbox"/> New <input type="checkbox"/> “GO GREEN” Name _____ Address _____ City _____ State and Zip _____ Phone _____ Email _____ Relationship _____ (see codes below) <input type="checkbox"/> Sharing List <input type="checkbox"/> Research List	Auxiliary Four <input type="checkbox"/> Change <input type="checkbox"/> New <input type="checkbox"/> “GO GREEN” Name _____ Address _____ City _____ State and Zip _____ Phone _____ Email _____ Relationship _____ (see codes below) <input type="checkbox"/> Sharing List <input type="checkbox"/> Research List
Auxiliary Two <input type="checkbox"/> Change <input type="checkbox"/> New <input type="checkbox"/> “GO GREEN” Name _____ Address _____ City _____ State and Zip _____ Phone _____ Email _____ Relationship _____ (see codes below) <input type="checkbox"/> Sharing List <input type="checkbox"/> Research List	Auxiliary Five <input type="checkbox"/> Change <input type="checkbox"/> New <input type="checkbox"/> “GO GREEN” Name _____ Address _____ City _____ State and Zip _____ Phone _____ Email _____ Relationship _____ (see codes below) <input type="checkbox"/> Sharing List <input type="checkbox"/> Research List

Relationship Codes: 00=PWS Individual; 01=Parent/Guardian; 17=Grandparent; 95=Sibling; 51=Aunt/Uncle; 02=Relative/Friend; 25=Chapter; 05=Care Provider; 19=Health Professional; 07=Educator; 14=Clinic-PWS; 91=Nutritionist/Dietician; 29=Physician; 39=Researcher/Scientist; 31=Social Worker