Membership Renewal Month

Prader-Willi Syndrome Association of Ohio

Membership Application

PWSA of OH is a chapter of PWSA-USA and is a tax-exempt, charitable organization dedicated to providing understanding and awareness of Prader-Willi syndrome, to supporting affected persons and families, to improving the quality of their lives, and to encouraging research into the causes, management, and cure of Prader-Willi syndrome.

Date:_____ Name: _____
(1 Name=Single Membership/1Vote/1 Registration Discount) (2 Names=Family Membership/2 Votes/2 Registration Discounts)

Address: _____
(ONE address per membership)

City, State, Zip:_____ County:_____

Phone:_____ E-mail:_____
(area code) Please include your email, so we may send the newsletter in this money-saving manner. Occasionally, other articles of interest to our families and updates will be sent electronically, if the organization has your email.

Please check ONE-membership is a:
RENEWAL: _____ NEW: _____ **NEWBORN/NEWLY DIAGNOSED: _____

Please check ALL that apply (i.e. parent & Physical Therapist):
PARENT: ____ PERSON diagnosed with PWS: ____ FAMILY MEMBER:_____
(Grandparent, Aunt, Brother, etc.)
FRIEND: ____ PROFESSIONAL: _____
(Doctor, Therapist, Health Care Worker, Teacher)

Please COMPLETE information below about person with PWS, so we are better able to know his/her needs

NAME: _____ BIRTH: _____/_____/_____ SEX: _____
Month / Day / Year M / F

CURRENT ADDRESS_____
Can we send PWS person a birthday card? Circle One: YES NO

PWS DIAGNOSIS:_____
Deletion / UPD / Translocation-Imprinting / Clinical
If in a group home or facility: Name of provider _____

Single or Family Membership Contribution:	$_____ **/** ($20.00 yearly dues)
Organization Membership Contribution:	$_____ ($30.00 yearly dues/1 Vote)
Additional Contribution:	$_____
Total Contribution:	$_____ **(Tax Deductible)**

Parents/Guardians of newborns or newly diagnosed children (within 1 year) receive the **FIRST YEAR of membership **FREE for PWSA-OH and PWSA-USA. (FREE membership=No Vote/2 Registration Discounts)**

_____HARDSHIP,** Please check here if you are the family member of a person with PWS or are a person with PWS and are unable to pay the membership fee, and the fee will be waived for one year. A membership form still needs to be completed for each year. **(HARDSHIP membership=1 Vote/2 Registration Discounts)**

Please send check payable to:
PWSA of OHIO
1763 Hickory Hill Drive
Columbus, Ohio 43228

**_____(Y or N) Can we include you in the main share list for members only?
**_____(Y or N) Can we forward your name & personal information to PWSA (USA)?