



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, updates and other articles of interest to our families will be sent electronically, if the organization has your email.

This membership is a (Please check ONE):

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)

\*\*\*We/I are/am willing to help with event planning, gathering newsletter articles, event set-up/registration, planning a family support meeting in our/my area, help with October weekend camp, serve on the PWSA of Ohio Board (Circle any that apply.)

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 (circle one): Deletion / UPD / Translocation-Imprinting / Clinical / Unknown

If in a group home or facility: Name of provider \_\_\_\_\_

Single or Family Membership Contribution:	\$ _____	**/** (\$20 yearly dues)
Lifetime Membership, single or Family	\$ _____	(\$200)
Organization Membership Contribution:	\$ _____	(\$30 yearly dues/1 Vote)
Lifetime Membership, Organization	\$ _____	(\$500)
<b>Additional Contribution:</b>	<b>\$ _____</b>	(In honor of someone? _____)
<b>Total Contribution:</b>	<b>\$ _____</b>	<b>(Tax Deductible)</b>

\*\*\*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. 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)?