

Prader-Willi Alliance of New York, Inc.

Family Membership Application

Please enroll me (us) as member (s) of the Prader-Willi Alliance of New York, Inc.

Dues are \$30 per person or family of three. Your membership entitles you to one (1) vote in the organization. You may enroll as many additional members of your family as you like at \$30 per person.

Enclosed are dues for this year \$ _____

Here's an additional tax-deductible contribution \$ _____

Here's an additional tax-deductible contribution designated for RESEARCH \$ _____

Amount Enclosed (Total) \$ _____

Date _____

New Member

Renewal

Name _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

E-Mail Address _____

Check this box if you do **not** want to share your name with the PWSA (USA)

Check this box if you do **not** want to share your name with the OMRDD

I would like to become active in the Alliance. Please call me to discuss my involvement.

Parents of Children with PWS: Please give us the name, age and living placement of your child. This is optional, and will be used only for purposes of "parent-to-parent" networking:

Child's Name _____ Child's Date of Birth _____

Age at Diagnosis _____

Where is Child

Residing? _____

Please make your check payable to the Prader-Willi Alliance of New York Inc. and send it to:
Prader-Willi Alliance of New York Inc, PO Box 222. Baldwinsville, NY 13027