

Prader-Willi Alliance of New York, Inc.

Professional Membership Application

Please enroll me as a member of the Prader-Willi Alliance of New York, Inc.

Dues are \$40 per person. Your membership entitles you to one (1) vote in the organization.

Enclosed are dues for this year \$ _____

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

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

Amount Enclosed (Total) \$ _____

Date _____

New Member

Renewal

Name _____ Title _____

Organization _____

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.

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