



Mailing List Registration

1 Contact Information

Title: Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

County: _____ School District: _____

This is a: Home Address Business Address

Home Phone: _____

Cell Phone (Optional): _____

Work or Other Phone (Optional): _____

What is the best time to reach you? Morning Afternoon Evening Anytime

E-Mail Address: _____

2 Member Description

Which of the following best describes you?

Relative of a person with a bleeding disorder (Relation: _____)

Widow or Other surviving family member of a deceased affected member (Relation: _____)

Friend of a person with a bleeding disorder

Healthcare Professional

Industry Representative

Other Professional (please explain) _____

Other (please explain) _____

3 Volunteer Opportunities

If you would like to be a chapter volunteer and donate your time or services, please indicate your interests below.

- Advocacy
- Board Member *(you will be contacted by a current member of the Board of Directors)*
- Childcare at Events or Meetings *(background check may be required)*
- Committee Volunteer
- Event Volunteer
- General Office Tasks *(our office is on the 2nd floor, there's no elevator)*
- Professional Services (i.e., IT Support, Computer Repair, Graphic Design, Photography, Printing, Editing, etc.) (please explain) _____

- Other Talents or Skills (i.e., Musician, D.J. Services, Face Painting, Balloon Designs, Crafts, etc.) (please explain) _____

4 Payment Information

Please select Membership Type: \$15 – Individual \$30 – Family

To pay by check, please make the check out to WPCNHF and mail to:

WPCNHF
20411 RT 19, Unit 14
Cranberry Township, PA 16066

To pay by credit card, please provide the following information and mail this form to the address above:

| | |
|----------------------|--|
| Credit card type | |
| Credit card number | |
| Expiration date | |
| Authorized signature | |

Thank you for registering with WPCNHF.