



2009 MEMBERSHIP FORM

RENEWAL

NEW

Name: _____ Telephone: _____

Address: _____

_____ Email: _____

Name of person with hydrocephalus: _____

Birth date: _____ Age at diagnosis: _____

His/her relationship to you: self child parent spouse friend/other relative N/A (professional member)

Count me in as a member for 2009. Enclosed is my unrestricted donation of:

\$30 \$50 \$100 Other \$ _____

How would you like to receive your quarterly newsletter?

Opt to receive your newsletter via email — this will allow the Association to put a portion of the \$30,000 annual printing and postage costs to other programs.

Please send my newsletter via email to: _____

I still prefer to receive a printed copy of the newsletter via the US mail.

Charge my: VISA MasterCard Discover Amount Charged \$ _____

Card No. _____ - _____ - _____ Exp. Date ____ / ____ CVN # _____

Print Name _____

Signature _____

Please remove my name from your mailing list.

I cannot afford a donation at this time but I would like to be counted as a member.

Please check all that apply:

I am on SSI or Disability. My medical bills have exhausted my finances. My income is below \$30,000 per year.

Please return this form with check, money order, or completed credit card information to:

Hydrocephalus Association • 870 Market St. #705 • San Francisco, CA 94102

Tel. 415-732-7040 • Toll-Free 888-598-3789 • Fax 415-732-7044 • Email: info@hvdroassoc.org