Becoming a Professional Member Today!

The Hydrocephalus Association (HA) is the nation’s largest and most respected organization devoted exclusively to hydrocephalus. Founded in 1983, HA’s mission is to eliminate the challenges of hydrocephalus by stimulating innovative research and providing support and education for individuals, families, and professionals dealing with the condition.

Professional Members enjoy a wealth of benefits and resources including:

- Listing in the Hydrocephalus Physicians Directory
- Opportunity to join forces with the HA community to increase awareness and funding to support research efforts
- Priority consideration to present at the National Conference on Hydrocephalus
- Opportunity to attend HA-sponsored Hydrocephalus Research Conferences
- Networking opportunities with medical colleagues at events such as the Faculty Dinner at the National Conference on Hydrocephalus and Research Conferences
- Opportunities to participate in our Scientific & Medical Review Board, our Medical Advisory Board, our Research Committee, and other volunteer roles.

Join the Hydrocephalus Association today to support this meaningful work!

Creating Hope
HA’s Commitment to Research

In 2009, the Hydrocephalus Association (HA) launched the first ever Hydrocephalus Strategic Research Initiative. The initiative seeks to stimulate the research ecosystem, improve clinical outcomes and quality of life for patients, and advance the study of root causes. To date, $1.2 million has been invested in research to carry out the agency’s mission to eliminate the challenges of hydrocephalus through this initiative.

Implementation of the Hydrocephalus Strategic Research Initiative will catalyze a national effort to improve treatments and outcomes—and eventually find a cure for hydrocephalus. To learn more about HA’s commitment, visit http://www.hydroassoc.org/hydrocephalus-research/research-initiative/

(Over)
Professional Membership Application

NAME: ___________________________ TELEPHONE: ( )

TITLE: ___________________________ ORGANIZATION: ___________________________

ADDRESS: _________________________ CITY: __________________ STATE: __________ ZIP: __________

EMAIL: ___________________________

YES, I WANT TO SUPPORT THE WORK OF THE HYDROCEPHALUS ASSOCIATION!
ENCLOSED IS MY CONTRIBUTION:

☐ $1000  ☐ $500  ☐ $250  ☐ OTHER $ __________

MY FORM OF PAYMENT IS:

☐ ENCLOSED CHECK OR MONEY ORDER

OR CHARGE MY:

☐ VISA  ☐ MASTER CARD  ☐ DISCOVER  ☐ AMEX  AMOUNT CHARGED $ __________

CARD NUMBER: ___________________________

EXPIRATION DATE: __________/_________ VERIFICATION # __________

PRINT NAME: ___________________________

SIGNATURE: ___________________________

As a member you will be listed in the Physicians Directory for Hydrocephalus.

☐ (Opt Out) Please check box if you do not wish to be listed in the directories.

Please return this form with check, money order, or completed credit card information to:
Hydrocephalus Association • 4340 East West Hwy, Suite 905 • Bethesda, MD 20814
Tel. 301-202-3811 ex.17 • Toll-Free 888-598-3789 • Fax 301-202-3813 • Email: aisha@hydroassoc.org
Visit us at www.hydroassoc.org