



# WESTERN NEUROPATHY ASSOCIATION

Hope through caring, support, research, education, and empowerment

Our mission is to provide support, information and referral to people with neuropathy and to those who care about them, to inform and connect with the health care community, and to support research.

P.O. Box 276567  
Sacramento, CA 95827-6567

(877) 622-6298  
(888) 556-3356

info@pnhelp.org  
www.pnhelp.org

\_\_\_\_\_  
First Name Middle Name/Initial (optional) Last Name

**Please be sure to enter your name above exactly as you want it on your membership card and correspondence** (optional) M F  
Honorific (i.e., Mr./Mrs./Ms./Dr., etc.) Sex

Optional: Spouse or other household member if you want that person included in addressed mail Relationship

\_\_\_\_\_  
Address City State Zip

( ) \_\_\_\_\_  
Primary Phone Number  Home  Work  Cell  \_\_\_\_\_

( ) \_\_\_\_\_  
Alternative Phone Number  Home  Work  Cell  \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address Occupation (if retired, please also state your previous occupation)

Please indicate:  New member  Renewal for \_\_\_\_\_ (enter year, i.e. 2009)

Support group you will or do attend: \_\_\_\_\_

**OR**  No specific group (Member-at-Large)

How would you like to receive the newsletter?  By E-Mail (address required)  Through Standard Mail  
(e-mailing helps us reduce printing and mailing costs)

Are you a member of The Neuropathy Association (our national organization)?  Yes  No

Tax-deductible dues are \$30 a year, pro-rated at \$2.50 per month for *new members* joining during the year. Please make checks payable to WNA and give your check or cash with this form to your group treasurer or mail (please, no cash) to the Membership Chair at the address above. Dues is per household.

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Dues Optional contribution Total tax-deductible amount enclosed

### Please provide the following information so we may serve you better

(NOTE: This information is used only to help us provide useful information and address member concerns. No information is shared with third parties, except some aggregate data used for grant applications or research.)

Are you diabetic?  Yes  No

#### What are your primary symptoms? (check all that affect you frequently)

- |                                                         |                                           |                                                           |                                                |
|---------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Burning                        | <input type="checkbox"/> Numbness         | <input type="checkbox"/> Coordination problems            | <input type="checkbox"/> Sharp, stabbing pain  |
| <input type="checkbox"/> Cold                           | <input type="checkbox"/> Pins and needles | <input type="checkbox"/> Difficulties walking or standing | <input type="checkbox"/> Electrical sensations |
| <input type="checkbox"/> Weakness in limbs              | <input type="checkbox"/> Tingling         | <input type="checkbox"/> Sensitivity to touch or pressure | <input type="checkbox"/> General pain          |
| <input type="checkbox"/> Sensation of glove or stocking | <input type="checkbox"/> Other: _____     | <input type="checkbox"/> Not personally afflicted         |                                                |

#### What caused your neuropathy?

- |                                               |                                     |                                                            |                                                   |
|-----------------------------------------------|-------------------------------------|------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Infections | <input type="checkbox"/> Nutritional deficiencies          | <input type="checkbox"/> Immune system disorders  |
| <input type="checkbox"/> Hormonal Diseases    | <input type="checkbox"/> Trauma     | <input type="checkbox"/> Drugs, alcohol or toxins          | <input type="checkbox"/> Cancer/Chemotherapy      |
| <input type="checkbox"/> Impaired Circulation | <input type="checkbox"/> Tumors     | <input type="checkbox"/> Gluten intolerance (celiac sprue) | <input type="checkbox"/> Idiopathic               |
| <input type="checkbox"/> Heredity/Genetics    | <input type="checkbox"/> Unknown    | <input type="checkbox"/> Other: _____                      | <input type="checkbox"/> Not personally afflicted |

#### How did you hear about The Western Neuropathy Association?

- |                                              |                                       |                                                |                                               |
|----------------------------------------------|---------------------------------------|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Brochure            | <input type="checkbox"/> Internet     | <input type="checkbox"/> Magazine or Newspaper | <input type="checkbox"/> National Association |
| <input type="checkbox"/> Poster              | <input type="checkbox"/> Event        | <input type="checkbox"/> Radio or Television   | <input type="checkbox"/> Health care provider |
| <input type="checkbox"/> Friend/Other Person | <input type="checkbox"/> Other: _____ |                                                |                                               |

#### What do you hope to receive by being involved in WNA? (check all that apply)

- |                                            |                                     |                                                        |                                                         |
|--------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Information       | <input type="checkbox"/> Support    | <input type="checkbox"/> Understanding of my situation | <input type="checkbox"/> Provide aid to group or others |
| <input type="checkbox"/> Treatment ideas   | <input type="checkbox"/> Friendship | <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> Not personally afflicted       |
| <input type="checkbox"/> Coping strategies | <input type="checkbox"/> Sympathy   |                                                        |                                                         |