

WNA MISSION

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

SUPPORT GROUPS

The **WNA** believes in the unique value of people helping others in similar situations, thus support groups are the heart of our organization. The main purpose of support group meetings is to share information and offer encouragement so that you feel empowered to take charge of your health. Some meetings also feature speakers, videos, or presentations.

OUR MEMBERS

WNA members include people with neuropathy, their families and friends, health care providers, and professionals.

ABOUT WNA

WNA is a 501 (c) (3) public benefit, nonprofit, tax-exempt corporation. We are chiefly a volunteer organization with support groups within California, Nevada, and Oregon. If you would like to start a support group in your community, contact us at info@pnhelp.org or call 877-622-6298.

WHAT IS PERIPHERAL NEUROPATHY?

Peripheral neuropathy is any disorder of the peripheral nerves, which are any nerves other than the brain and the spinal cord. These nerves control movement, sensory perception, and the autonomic system (those things the body does without our conscious control.)

WHAT ARE THE SYMPTOMS?

Neuropathy can cause mobility and balance difficulties, great pain of various types, (including burning sensations, electrical pulses, stabbing, shooting, stinging), unusual sensations, having ordinary things like gentle touch be painful, and assorted autonomic issues, including digestive, sexual, and others.

HOW MANY HAVE NEUROPATHY?

We estimate there are more than 2 million people in California suffering from it. Diabetes is the chief cause with more than 100 other causes including alcoholism, heredity, toxins, chemotherapy, some medications, and surgeries.

WHAT CAN BE DONE?

There is no cure, but there are medications and treatments that may be helpful, and new options continue to develop. What is effective often depends on the type of neuropathy, the underlying cause, and response of the individual patient.

Sound like a lot to sort through?

It is! But, you are not alone.

We are here to help!



WESTERN NEUROPATHY ASSOCIATION

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

**Do your feet or hands ...
Tingle?**

***Feel like they are numb,
burning, or freezing?***

***Have stinging, stabbing,
or shooting pains?***

***Feel like you are wearing
a stocking or glove?***

Do you have muscle weakness?

**You may have
peripheral neuropathy (PN) ...
the most common disease
you've never heard of.**

MEMBER BENEFITS

WNA provides the following benefits:

- Local support group meetings
- A monthly newsletter with the latest developments and helpful information for coping and empowerment
- A highly informative website
- An Annual Conference
- Opportunity to learn from other people with neuropathy, health care providers, and professionals
- Advocacy for the interests of neuropathy patients with elected officials, government agencies, and health care practitioners

JOIN WNA TODAY!

Dues are only \$30 annually.

Contributions are tax-deductible and very much appreciated.

Complete the Membership Application and mail to: **WNA**
PO Box 276567, Sacramento, CA 95827

(877) 622-6298

Neuropathy information, referrals, support groups, newsletter

(888) 556-3356

Membership, sponsorships, administrative questions

info@pnhelp.org

Join Online at **www.pnhelp.org**

 www.facebook.com/TPCNA

PO Box 276567
Sacramento, CA 95827



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MEMBERSHIP FORM

Sex M F

Honorific (i.e., Mr./Mrs./Dr./etc.) _____

First Name _____ Middle Name/Initial _____ Last Name _____
Enter your name above exactly as you would like it to be on your membership card and correspondence.

Optional: Spouse or other household member you want to receive a membership card and to be included on addressed correspondence. Relationship _____

Street Address _____ City _____ State _____ Zip _____

(_____) _____ Home Work Cell _____
Primary Phone Number

(_____) _____ Home Work Cell _____
Alternate Phone Number

E-Mail Address _____ Occupation (or previous occupation if no longer working) _____

Are you diabetic: Yes No

How would you like to receive the newsletter? By E-Mail By Standard Mail
E-mail helps us reduce printing and mailing costs.

Support Group you do or will attend? _____

OR No specific group (Member-At-Large) *A list of support groups is available on the website.*

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

TOTAL DUES \$30.00 + \$ _____ = \$ _____
Optional Contribution

MAIL FORM AND CHECK TO:

WNA

PO Box 276567
Sacramento, CA 95827

Please Indicate: New Member Renewal

WESTERN NEUROPATHY ASSOCIATION empowering you to take charge of your health.