

WESTERN NEUROPATHY ASSOCIATION

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

MEMBERSHIP APPLICATION

Please check: ☐ **New Member**☐ **Renewal** for: _____ (enter year, i.e., 2026)

First Name: _____ **Middle Name/Initial (optional):**_____

Last Name: _____ **Honorific** (Mr./Mrs./Dr., etc.): _____

Suffix (Jr./Sr./IV, etc.): _____

Please be sure to enter your name above exactly as you want it on your membership record and correspondence.

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #:_____ **Circle one:** Cell Phone / Work / Home / Other

Email Address:

► How would you like to receive our newsletter, *Neuropathy Hope*?

☐ By **Email** (email address required; this helps reduce printing and mailing costs for **WNA**)

☐ By Standard **US Mail** (USPS)

► How did you hear about **Western Neuropathy Association**?

Membership Dues:

Tax-deductible membership dues are **\$30.00 annually**. Please make checks payable to **WNA** and mail your check (no cash) with this completed form to **WNA** at the address below.

▶ Please Fill in: \$30.00 + \$ _____ = \$ _____
 (Member Dues) Optional Contribution Total Amount Enclosed

► **Check Number:**