



# 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.): \_\_\_\_\_

**Suffix** (Jr./Sr./IV, 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:** \_\_\_\_\_

**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: \_\_\_\_\_