



# WESTERN NEUROPATHY ASSOCIATION

## Membership Application

Please check:  **New Member**,  **Renewal** for: \_\_\_\_\_ (enter year, i.e., 2023)

**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

**E-Mail Address:** \_\_\_\_\_

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

By **E-Mail** (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?

\_\_\_\_\_

► What do you hope to find/do by being involved with WNA? (Check all that apply):

Information/treatment ideas

Support

Understanding of my situation

Provide aid to others

Other: \_\_\_\_\_

### Membership Dues:

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

► Please Fill in: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
**Member Dues (\$30)**                      **Optional contribution**                      **Total amount enclosed**

► **Check Number:** \_\_\_\_\_

## WESTERN NEUROPATHY ASSOCIATION

P.O. Box 4740 | Auburn, CA 95604

Office Phone (888) 556-3356 | WNA Help Line: (833) 980-4181

Email: [admin@pnhelp.org](mailto:admin@pnhelp.org)