

Pacific Northwest Angelman Syndrome Foundation Membership Form

Member Name(s) _____

Address _____

Phone Number _____

Email _____

Would you be willing to be a local contact for your area and have your information placed on our website? Yes _____ No _____

Would you like to receive information about PNWASF events by E-mail? Yes _____ No _____

Do you want your information placed in the PNWASF directory? Yes _____ No _____

If you have an individual with Angelman Syndrome in your family, please provide the following:

Name _____

Birthdate _____

Diagnosis Deletion _____ UPD _____ UBE3A _____ Clinical _____ Don't Know _____

Type of membership (membership runs from January 1 to December 31 of each year):

_____ Single - \$15

_____ Family \$25 (2 Adults and children living in the home)

_____ Professional (annual dues is \$25)

_____ Nonvoting member (no dues required)

Please note: Membership Dues are a tax deductible charitable contribution. Please contact your tax advisor for additional information.

Make checks payable to PNWASF.

Send Membership form and payment to 13036 SE Kent-Kangley Road., #375, Kent, WA 98031.