



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

3620 American River Drive, Suite 230 | Sacramento, CA 95864

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

Email: admin@pnhelp.org