

Prader-Willi Syndrome Association of Alberta

201__ Membership/Renewal Form

Name _____

Address _____

Phone Number (____) _____

E-Mail _____

Name of person with PWS _____

Address of person with PWS (if different from above)

Name of Agency _____

Date of Birth: _____

I can be contacted by professionals doing research Y____ N____

I can be contacted by other families Y____ N____

My child's name can be included on the membership list Y____ N____

I am interested in getting involved with the activities of PWSA of Alberta Y____ N____

Family (\$20/annually) \$ _____

Donation \$ _____

Total enclosed \$ _____

Cheques should be made out to **PWSA of Alberta** and mailed to:
179 Stonemere Bay
Chestermere, AB
T1X 0S2

A charitable receipt will be issued for all donations over \$20

We thank you for your support!