

Hemophilia of Iowa
2012 Membership Application

Name: _____

Address: _____

Phone #: _____ Cell #: _____ E-mail: _____

Best time to contact me: AM PM Would you be willing to serve on a committee? Yes No

Membership January 1 – December 31, 2012
Single, Family, Industry Representative, & Friends of Hemophilia of Iowa – \$25

Family includes residents in the same household with dependent children up to the age of 25. (Dependent children do not have to reside in the parent's home if away at school or living on their own.) Relative would be a sister, brother, grandparent, aunt, uncle and/or cousin to the person who has a bleeding disorder. Friends of Hemophilia of Iowa are people who do not have a relative with a bleeding disorder but are support people and friends of those who do have a bleeding disorder.

I would like to make an additional donation of \$_____ . (This is tax deductible.)

Please complete the following information so Hemophilia of Iowa can be of best service to you.

1. What is your association to the bleeding disorder community?

I have a bleeding disorder or my spouse has a bleeding disorder.

Type of bleeding disorder: _____ Which HTC are you seen at: _____

I am a parent of a child with a bleeding disorder.

Type of bleeding disorder: _____ Which HTC are you seen at: _____

I am a relative of a person with a bleeding disorder.

I am a friend/support person for someone who has a bleeding disorder.

2. If you are a relative or friend/support person for someone with a bleeding disorder, please list the full name of the person who has the bleeding disorder. _____ State they reside _____

3. Complete the following information for EVERY family member that is considered part of this membership. .

Family Member 1 Name: _____ Date of Birth: _____

This family member has a Bleeding Disorder: Yes or No

Family Member 2 Name: _____ Date of Birth: _____

This family member has a Bleeding Disorder: Yes or No

Family Member 3 Name: _____ Date of Birth: _____

This family member has a Bleeding Disorder: Yes or No

Family Member 4 Name: _____ Date of Birth: _____

This family member has a Bleeding Disorder: Yes or No

Family Member 5 Name: _____ Date of Birth: _____

This family member has a Bleeding Disorder: Yes or No

Family Member 6 Name: _____ Date of Birth: _____

This family member has a Bleeding Disorder: Yes or No

Family Member 7 Name: _____ Date of Birth: _____

This family member has a Bleeding Disorder: Yes or No

Please do not let cost of membership prevent you from joining Hemophilia of Iowa. Contact Mike Lammer at 319-356-1988 for confidential financial assistance. This membership scholarship program is available for people directly affected by a bleeding disorder and their caregivers.

Please mail membership application and annual dues payable to Hemophilia of Iowa to:
Julie Castenson, HOI Secretary, 2205 Marion St, Dubuque, IA 52003