

Hemophilia of Iowa
2009 Membership Application

Name: _____

Address: _____

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

Please circle the best option for you...

Best time to contact me: AM/PM

Would you be willing to serve on a committee? Yes/No

Membership January 1 - December 31, 2009
Single, Family, Industry Representative, & Friends of Hemophilia of Iowa all \$20.00

(Family includes reside 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 cousin to the person that has a bleeding disorder. Friends of Hemophilia of Iowa are people that do not have a relative with a bleeding disorder but are support people and friends of those that do have a bleeding disorder.)

I would like to make an additional donation of \$ _____ (This is tax deductible)
This donation will be recognized in the Winter issue of the bloodline magazine unless the following is checked. _____

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

What is your association to the bleeding disorder community?

- _____ I have a bleeding disorder or my spouse has a bleeding disorder.
_____ I am a parent of a child with a bleeding disorder.
_____ I am a relative of a person with a bleeding disorder.
_____ I am a friend/support person for someone that has a bleeding disorder.

If you are a relative or friend/support person for someone with a bleeding disorder please list the last name of the person that has the bleeding disorder. _____

If you have a child with a bleeding disorder Hemophilia of Iowa now has a program called 1st Steps. This program is designed to provide a mentor to families with a child that has a bleeding disorder aged 0-7.

Mentors are parents of child(ren) that have a bleeding disorder aged 8 +.

- _____ I would like to join 1st steps. _____ I have a child 8 yrs or older and would like to be a mentor.
_____ I would like more information before I decide to join. Please contact me.

Please do not let cost of membership prevent you from joining Hemophilia of Iowa. Contact Kari Atkinson, HOI President at 1-866-464-8061 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:

Kari Atkinson, HOI President, PO Box 415, Central City, IA 52214

If you wish to pay via credit card please fill out the below information: (circle one) Visa or MasterCard

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Address as it appears on card statements: _____

Signature of card holder: _____