

PACIFIC NORTHWEST ANGELMAN  
SYNDROME FOUNDATION MEMBERSHIP FORM

Member name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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 \_\_\_

Would you be willing to volunteer your time for our Annual Dave Henderson Golf Tournament Fundraiser? Yes \_\_\_ No \_\_\_

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

If you have an Angel in your family, please provide the following:

Angel name: \_\_\_\_\_

Angel birthdate: \_\_\_\_\_

Angel diagnosis: deletion positive  UPD  UBE3A  Clinical

Type of membership:

\_\_\_ Single (annual dues is \$10)

\_\_\_ Family (2 adults, annual dues is \$15)

\_\_\_ Professional (annual dues is \$25)

\_\_\_ Nonvoting member (no dues is required)

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

Make checks payable to PNWASF, 12932 SE Kent Kangley Rd., #375, Kent, WA 98031. Please return this form even if you are not sending a check. This will give us permission to put your information in our directory. Thank you!