

# Hemophilia Foundation of Minnesota/Dakotas

## 2020 Membership Application

*Join the HFMD today! Please register as a member of the HFMD at any level below. By joining as a member, you're supporting the work of the Hemophilia Foundation of Minnesota/Dakotas; providing programs, services and advocacy for the bleeding disorders community. Benefits of membership include access to HFMD community programs and services, and a one-year subscription to our quarterly newsletter, the Veinline.*

Name(s): \_\_\_\_\_

\_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Enclosed are our yearly membership dues:

<input type="checkbox"/>	\$ 20.00 Individual Membership
<input type="checkbox"/>	\$ 35.00 Family Membership
<input type="checkbox"/>	\$ 50.00 Patron Membership
<input type="checkbox"/>	\$ 100.00 Silver Membership
<input type="checkbox"/>	\$ 250.00 Gold Level Membership
<input type="checkbox"/>	\$ 500.00 Platinum Level Membership
<input type="checkbox"/>	\$ 0.00 Waive Fee for Individual/Family. Cannot afford due to financial hardship.

I have enclosed a check for payment of the membership fee; or

Please charge my dues to Visa/Mastercard/AmEx

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_