

Hemophilia Foundation of Minnesota/Dakotas

Membership Application 2023

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

Name/s: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Enclosed are membership dues for 2023:

_____ \$20.00 Individual

_____ \$35.00 Family

_____ \$0 - Please waive fee for individual/family: unable to support financial at this time.

_____ \$50.00 Patron Supporter

_____ \$100.00 Benefactor

_____ \$ 250.00 Gold Level Benefactor

Please charge dues to my:

_____ Visa _____ MasterCard _____ Amex

Card Number: _____

Expiration Date: _____

Signature: _____

Please make checks payable to the HFMD.

Mail this form along with check or credit card information to:

HFMD

750 South Plaza Drive, Suite 207

Mendota Heights, MN 55120

Fax: 651-406-8656

info@hfmd.org