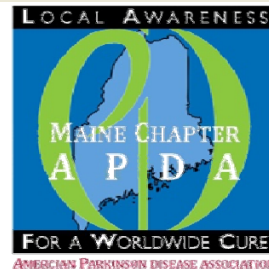


Membership REGISTRATION FORM I am a: New Member Renewing Member



American Parkinson Disease Association - Maine Chapter
 PO Box 1730 | Portland, Maine 04104
www.meapda.org | info@meapda.org
 Telephone (207) 781-1546



Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

Do you have skills, time or other resources you would be willing to contribute to the Chapter?

Leadership/ Chapter Board membership

Volunteer

Event Coordinator

Website Maintenance

Media

Advocacy

Outreach

Other: _____

Do you have access to the internet? yes no

How do you prefer to receive information or other communications? Print Publications Email/Internet

Annual Membership, as a member you will receive:

\$25 Individual membership

\$40 Household membership

1. Admission to the Annual Parkinson's Awareness Conference
2. Discounts at Selected Maine Chapter APDA Events

Individual **plus** (1) Additional Admission to the Annual Parkinson's Awareness Conference

I would also like to make a donation of \$ _____

Enclosed is a check made payable to: APDA – Maine Chapter

Membership Fee(s) \$ _____

Total Enclosed \$ _____

NAME THIS NEWSLETTER CONTEST ENTRY FORM

Name:

"Title Choice #1": (please print)

Address:

City/State/Zip:

"Title Choice #2": (please print)

Phone: