

PLEASE COMPLETE THIS FORM AND MAIL IT TO THE HFM

2009 ANNUAL MEMBERSHIP DRIVE

You Can Make a Difference for People with Bleeding Disorders!

Name : _____

Address: _____

Phone _____

Email _____

Please select your preferred method of contact:

() Email () Mail (U.S. Postal Service)

Self (18 or older) _____ DOB _____

Hemophilia A _____ Hemophilia B _____ vWD _____

Child _____ DOB _____

Hemophilia A _____ Hemophilia B _____ vWD _____

Child _____ DOB _____

Hemophilia A _____ Hemophilia B _____ vWD _____

Child _____ DOB _____

Hemophilia A _____ Hemophilia B _____ vWD _____

Child _____ DOB _____

Hemophilia A _____ Hemophilia B _____ vWD _____

MEMBERSHIP CATEGORIES

(please mark one)

_____ Individual \$35.00

_____ Family \$50.00

_____ Medical \$175.00

_____ Corporate \$250.00

_____ Wavier

Please make your check payable to:
Hemophilia Foundation of Maryland, Inc.
13 Class Court Parkville, Maryland 21234

Please note you can pay your membership via Pay-pal at our website. www.hfmonline.org

Thanking you in advance for your support.