

**American Parkinson Disease Association
Massachusetts Chapter**

Membership Registration

Name(s) _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Telephone _____

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

___ Leadership/ Chapter Board membership ___ Desktop publishing

___ Event coordinator, assistant, or day-of-event volunteer ___ Website maintenance

___ Public relations ___ Advocacy

___ Other: _____

Do you use the internet? ___ Yes ___ No

Please prioritize these things you might receive from the chapter.

___ Information about current research

___ Information about daily living with Parkinson's

___ General support (support groups, respite for caregivers, local resources, etc.)

___ Information about the Chapter and what it is accomplishing

___ Stories from others who live with Parkinson's

How do you prefer to receive your information?

___ Print publications ___ Email/Internet ___ Conferences – speakers, workshops...

Membership Fees: \$10 per individual, \$15 per family

___ I've enclosed a check made out to APDA MA Chapter for a ___ single/ ___ family membership

___ Please charge my ___ MasterCard/ ___ Visa \$ ___ for a single/ \$ ___ for a family membership

Card # _____ Exp. Date: _____

Print name as it appears on your card _____

Signature _____

Mail completed form to APDA Massachusetts Chapter, 715 Albany Street, Suite C329, Boston, MA 02118