



Lone Star Chapter of the National Hemophilia Foundation
Member Information Sheet

Name _____

Address _____

City, State and Zip Code _____

Phone Numbers Home _____ Work _____ Cell _____

E-mail Address _____

_____ I currently receive duplicate mailings – from both the treatment center and the chapter.

Family Information:

<u>Name</u>	<u>Child/Adult</u>	<u>Child's Age</u>	<u>Type of Bleeding Disorder</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership dues help offset the cost of Factor Friends newsletter and website development, both vital communication tools for our community. Dues are optional, however, if paid by January 30th of each year, you will be entered into a drawing for a free registration to the Texas Bleeding Disorders Conference.

PAID \$25.00 _____ Cash _____ Check # _____ Credit Card _____
 Credit Card info: Cardholder's Name _____
 Type of Card _____
 Credit Card Number _____
 Expiration Date _____ Security Code _____
 Cardholder's Signature _____

Please mail to:
Lone Star Chapter of the National Hemophilia Foundation
Attn: Heidi Hensley

5600 Northwest Central Dr Suite 140, Houston, TX 77092
Or fax to 832-383-4601