



Prader-Willi Syndrome Association of WI, Inc.

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name and birth date of person with PWS and your relationship (optional):

- The above information is NEW or Changed
- I have enclosed a check for \$25 for 1 year membership
- I am unable to afford a membership and would like a membership scholarship
- I am **NOT** willing to have my name shared with other families and professionals
- I do not wish to be a member but would like to remain on the mailing list.
- Please remove my name from the mailing list.

**Send to and Make
Check Payable to:**

**PWSA of WI, Inc.
2701 N. Alexander
Appleton, WI 54911
Email: Wisconsin@pwsausa.org**