

• PRADER-WILLI SYNDROME •

ASSOCIATION OF VICTORIA

MEMBERSHIP APPLICATION/RENEWAL FORM

1. New Member details:

Name(s)

Address

..... Post Code

Phone No. ()

E-Mail address.....

Occupation.....

And/or Name of Organisation.....

.....

Relationship to person with PWS

(eg Self/Parent/Relative/Friend/Paediatrician /etc.)

Is there another language spoken at home (*please specify*)

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2. Details of person with PWS:

Name

Date of Birth

Please indicate if the following diagnosis has been made
(*please tick one*)

Deletion on Chromosome 15 Maternal Disomy (UPD)

Imprinting Defect Don't know?

Centre/Workplace that the person with PWS attends:
(*e.g. Pre-School/ School/ E.I.C./Workshop/Workplace*)

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The information you provide here is held by the Prader-Willi Syndrome Association of Victoria and the Prader-Willi Syndrome Association of Australia. We use this information so that we can send you newsletters, etc. or notice of any upcoming events. This information will not be given out for any other purpose than those you have indicated below, unless you give us permission.

3. Enrolling other members:

Some people find it helpful to enrol parents or family members, friends, schools or pre-schools or workplaces, so that they can be kept up to date with our association and with PWS in general. If you wish to do this, just print off another copy of this form or ring or write to us and we can send additional forms out to you.

4. Please indicate how you wish to receive the following:

Newsletter:

Via POST Via E-MAIL (as per address above)

Notices about upcoming events or meetings:

Via POST Via E-MAIL (as per address above)

5. Sharing our Information: Where does information about Prader-Willi Syndrome come from? It comes from parents willing to share information about their children who have PWS.

When researchers want to do a project on PWS, our Association may be asked if our members would take part. The PWSA of Australia has a professional advisory board who would evaluate any research project before it goes ahead. Also, parents sometimes ask if we can put them in touch with other parents who may be experiencing a similar problem to themselves, or who have a similar aged child with PWS. (Who better than another parent who understands what's involved and would be happy to share the benefit of their experiences.)

Please tick the following categories to indicate your consent:

SHARING LIST

Your contact details can be given out to other parents of children with PWS for the purposes of sharing information or support. This can be a real lifeline for parents.

RESEARCH LIST

This indicates your interest only - there is no obligation to participate in the research. No names or addresses would be given out - the Association would send you out any information.

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Signature of Parent(s)/Guardian(s)/Carer Date

6. Membership:

Annual Membership \$30.00 Date.....

- *This gives you membership of the PWSA of Victoria and automatic membership of the PWSA of Australia. (Renewal on 1st July each year)*

| | |
|----------------------|-----------|
| Membership (\$30.00) | \$ |
| Donation * | \$ |
| TOTAL: | \$ |

Forward your application and subscription to the address below with Cheque (*payable to PWSA of Victoria*) or Money Order only
* ALL DONATIONS OF \$2.00 AND OVER ARE TAX DEDUCTIBLE

Thank you. (*A receipt will be issued, along with an information kit for new members.*)

7. Feedback:

Your feedback on your membership and any suggestions are always helpful - please feel free to add your comments.

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DON'T FORGET TO CHECK OUR WEBSITE
www.pws.asn.au

PRADER-WILLI SYNDROME ASSOCIATION OF VICTORIA INC.
PO BOX 92 KEW VICTORIA 3101 AUSTRALIA PH/FAX (03) 9889 7924
REGISTRATION NO. A0019036D ABN NO. 93 836 682 679 www.pws.asn.au

(Jul 2005)