

**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:*                      \$25 per individual/family

Names of family members to be included in membership: \_\_\_\_\_

I've enclosed a check made out to APDA MA Chapter

Please charge my     MasterCard                       Visa

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print name as it appears on your card \_\_\_\_\_

Signature \_\_\_\_\_

*Mail completed form to APDA Massachusetts Chapter, 72 East Concord Street, C3, Boston, MA 02118*