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