Hemophilia Foundation of Minnesota/Dakotas Membership Application

Join the HFMD today! Register as a member of the HFMD at any level below. By joining as a member you are supporting the work of the Hemophilia Foundation of Minnesota/Dakotas; providing programs, services and advocacy for the bleeding disorders community. Benefits include access to HFMD community programs and services, and a one year subscription to our quarterly e-newsletter, the Veinline.

	Nan	ne/s:						
	Add	dress:						
	City	City:		State:		Zip:	_	
	Email:			Phone:			_	
<u>Enclo</u>	sed a	are membership o	<u>lues:</u>					
		\$20.00 Individual						
	□ \$35.00 Family							
		\$50.00 Patron Supp	porter					
		\$100.00 Benefactor	•					
		\$250.00 Gold Leve	l Benefactor					
		Please waive fee fo	vaive fee for individual/family: unable to financially support at this time.					
Please	char	ge dues to my:						
☐ Vis	sa	☐ MasterCard	☐ Amex					
Card N	Vuml	ber:					-	
Expira	tion	Date: 1	Billing Zip:		_SC:		_	
Name	on C	ard:					_	

MAIL THIS COMPLETED FORM ALONG WITH CHECK OR CREDIT CARD INFORMATION TO:

HFMD 750 South Plaza Drive, Suite 207 Mendota Heights, MN 55120 651-406-8655 | info@hfmd.org