



2012 Membership Form
Or renew online at www.mpssociety.org

Please Print – Member Information

Name _____

Address _____

City, State, Zip _____

Phone #1 _____ E-mail 1 _____

Phone # 2 _____ E-mail 2 _____

Relationship to individual(s) with MPS or related disease _____

Personal Family Website/Blog _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Diagnosis: MPS I*, MPS I, MPS II*, MPS II, MPS IIIA, MPS IIIB, MPS IIIC, MPS IIID, MPS IVA, MPS IVB, MPS VI, MPS VII, ML II, ML II/III, ML III, other: _____ *attentuated

My child(ren) with MPS or related disease has passed away.

Child's Name _____ Date of Death _____

Child's Name _____ Date of Death _____

Child's Name _____ Date of Death _____

Would you like your name to appear in our online membership directory? ___ Yes ___ No
****(online directory will only be available to Society members)****

Would you like to receive *Courage*, the Society's quarterly publication? ___ Yes ___ No

Would you like to receive *Courage* and other publications in ___ electronic (e-mailed) format or ___ hard copy (mailed) format *Please inform the office if you change your e-mail address*

(CONTINUED ON BACK)

Additional Information

Sibling(s) of affected individual(s):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Would you like to share your Company information with us for future networking or possible Impact Grants with the National MPS Society? Collection of this information allows us to look for connections and networking opportunities for MPS and related diseases within our member and donor database. If we identify an opportunity, we will not contact your employer, but instead will contact you directly about the opportunity and how you can team up with the Society.

Employer Name _____

Employer Address _____

Do you have a personal skillset(s) that you would like to share with the National MPS Society for possible future opportunities?

I am interested in receiving information about the following:

- _____ hosting a walk/run or other fundraiser
- _____ hosting a Regional Social Event
- _____ connecting with other families
- _____ information/applications for the Family Support Programs
- _____ information about serving on the Board of Directors
- _____ information about Planned Giving

Payment for Membership Dues:

Families \$50* _____ Professionals \$75 _____ Foreign \$80 _____ Corporate \$1,000 _____

*Dues are waived for an adult with MPS or related disease

Additional Donation _____

Total Amount Enclosed _____

If you are experiencing financial difficulties, please contact Laurie Turner for assistance with membership dues at laurie@mpssociety.org or 207.843.7040.

Make checks payable to: **National MPS Society**

Mail to: **MPS Annual Membership**
PO Box 14686
Durham, NC 27709-4686