



New Member  Renewing Member  Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_

Name[s]:	
Address:	Home Phone:
City:	Mobile Phone:
State:	Email[s]:
Country:	
Postal Code:	

**(Membership dues and donations are tax deductible)**

**Basic Membership - \$40**

- Receive WDA Newsletter via **e-mail**
- Entitles one person of the household to be a WDA member

**Basic Plus Membership - \$65**

- Receive WDA Newsletter via  U.S. mail or  e-mail
- Entitles two people of the household to be WDA members

**Silver Membership - \$125**

- Receive WDA Newsletter via  U.S. mail or  e-mail
- Entitles all members of the household to be WDA members

**Gold Membership - \$250**

- Receive WDA Newsletter via  U.S. mail or  e-mail
- Entitles all members of the household to be WDA members
- 50% discount on Annual Conference Banquet, up to two registrants
- Special recognition as a Gold Member in WDA Newsletter

**Copper Membership - \$1000**

- Receive WDA Newsletter via U.S. mail
- Entitles all members of the household to be WDA members
- No registration fees for Annual Conference Banquet, up to four registrants
- Special recognition as a Copper Member in WDA Newsletter
- No annual dues

**I wish to make a donation to Wilson Disease Association:** Today's date: \_\_\_\_\_

I am making a donation of \$ \_\_\_\_\_  In honor of  In memory of \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_  
 Name Street

City State Postal Code Country E--mail

**Payment Information:**

Membership Dues \$ \_\_\_\_\_  Visa  Master Card  Check or Money Order attached  
 Donation \$ \_\_\_\_\_ Card # \_\_\_\_\_  
 Total \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CID # \_\_\_\_\_ (3 digits on back of card)

Please mail, fax, or e-mail to:

Wilson Disease Association, 1732 1<sup>st</sup> Ave., #20043 New York, NY. 10128  
 Fax: 414-962-3886 E-Mail: [judi.keller@wilsonsdisease.org](mailto:judi.keller@wilsonsdisease.org)