WILSON DISEASE ASSOCIATION
Unmasking Strength. Unleashing Promise.

☐ 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 or e-mail to:
Wilson Disease Association, 224 W 35th St Ste 500 #676 NY, NY 10001
Call: 414-961-0533 E-Mail: judi.keller@wilsonsdisease.org

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