

CONNECTICUT HEMOPHILIA SOCIETY INC.

2017 MEMBERSHIP

Membership to The Connecticut Hemophilia Society is open to all individuals with bleeding disorders community, families and friends. Membership includes access to educational materials, CHS events at a reduced rate or free of charge and The Buddy Buzz newsletter.

Please complete this form and include the appropriate dues or print and mail to: CHS PO Box 548 Windsor, CT 06095 If you would prefer you can go to <http://cthemophilia.org/> to sign up online. Membership is valid for one year.

Membership Dues: (check one) \$25.00 individual _____ \$50.00 family _____

Please circle: Hemophilia A Hemophilia B vWD other: _____

Name (18 years or older) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____

Email Address: _____

Other Adult on membership _____

Please indicate which HTC you belong to _____

#1 Child's Name: _____ DOB: _____

#2 Child's Name: _____ DOB: _____

#3 Child's Name: _____ DOB: _____

#4 Child's Name: _____ DOB: _____

#5 Child's Name: _____ DOB: _____

Please indicate member(s) with bleeding disorder:

Circle: Self Adult(s) _____ Child 1 2 3 4 5

Would you be willing to volunteer with CHS? Yes _____ No thanks _____

WWW.CTHEMOPHILIA.ORG

