

CONNECTICUT HEMOPHILIA SOCIETY INC. MEMBERSHIP

mailing and email

Membership with The Connecticut Hemophilia Society is free to all families, individuals and friends effected by bleeding disorders. Membership includes access to educational materials, entry to all CHS events, emails and mailings and The Buddy Buzz newsletter.

Please complete this form and mail to CT Hemophilia Society PO Box 435, Windsor CT. 06095 or go to www.cthemophilia.org to sign up on line.

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 _____

Please circle: Hemophilia A Hemophilia B vWD Other _____

#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 by circling:

Self

Adults _____

Child 1 2 3 4 5

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

Best way to contact you: Email _____ Phone _____

