

WFH Membership

Become a World Federation of Hemophilia member or renew your membership, and join a network of caring individuals working towards Treatment for All.

Your membership fee helps pay for the delivery of humanitarian aid, train healthcare professionals, and provide education and hope to families worldwide. Thousands of people rely on the WFH's extensive programs each year. With your support, we can help even more. Please join us today!



Membership benefits include:

- Discounts on registration fees for WFH events (up to €55) for the WFH 2012 World Congress in Paris, France
- More than 20% off subscription rates to *Haemophilia*, the official journal of the WFH
- Up to 80% discounts on WFH publications
- *Hemophilia World*, WFH's official newsletter
- WFH Annual Report
- Subscription to WFH e-newsletters and e-bulletins

Membership categories

	ASSOCIATE / ORGANIZATIONAL	SUSTAINING	INDIVIDUAL	PERSON WITH BLEEDING DISORDER / FAMILY MEMBER
ANNUAL FEE	\$300 USD	\$100 USD *	\$60 USD	\$30 USD
NUMBER OF INDIVIDUAL MEMBERSHIPS INCLUDED	Up to 6	1	1	1
DISCOUNTS ON SUBSCRIPTION RATES TO <i>HAEMOPHILIA</i> , THE OFFICIAL JOURNAL OF THE WFH	✓	✓	✓	---
DISCOUNTS ON WFH PUBLICATIONS	✓	✓	✓	✓
DISCOUNTS ON WFH EVENT REGISTRATION FEES	✓	✓	✓	✓
<i>HEMOPHILIA WORLD</i>	✓	✓	✓	✓
WFH ANNUAL REPORT	✓	✓	✓	✓
WFH E-NEWSLETTERS AND E-BULLETINS	✓	✓	✓	✓

* Sustaining membership fee includes a \$40 USD donation which is tax deductible where allowed by local law.

How to join

Send your membership form and payment information by:

FAX
+1-514-875-8916

MAIL
World Federation of Hemophilia
1425 Rene-Levesque Blvd. West, Suite 1010
Montreal, Quebec
H3G 1T7 Canada

WEB
Visit our website,
www.wfh.org, and follow
the membership link to a
secure form.

E-MAIL (inquiries only)
membership@wfh.org

Please **do not** send credit card information by email, as it is not secure.

WFH Membership Form

Yes! I want to support the WFH and Treatment for All.

Please sign me up as a(n):

- SUSTAINING MEMBER:** \$100 USD
- INDIVIDUAL MEMBER:** \$60 USD
- PERSON WITH BLEEDING DISORDER / FAMILY MEMBER:** \$30 USD

Please sign my HTC/organization/company up as an:

- ASSOCIATE/ORGANIZATIONAL MEMBER:** \$300 USD (On a separate sheet, please provide contact information for the six individuals from your organization who will receive membership benefits.)

About you

Dr. Mr. Mrs. Ms. Miss Other _____

FIRST NAME: _____ LAST NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____

ZIP / POSTAL CODE: _____ COUNTRY: _____

E-MAIL: _____

TELEPHONE: _____ FAX: _____

Profile

Please indicate all the categories that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> DENTAL PROFESSIONAL | <input type="checkbox"/> PERSON WITH BLEEDING DISORDER / FAMILY MEMBER |
| <input type="checkbox"/> GENERAL PRACTITIONER | <input type="checkbox"/> PHYSIATRIST |
| <input type="checkbox"/> HEMATOLOGIST | <input type="checkbox"/> PHYSIOTHERAPIST |
| <input type="checkbox"/> LABORATORY PERSONNEL | <input type="checkbox"/> RESEARCHER / SCIENTIST |
| <input type="checkbox"/> NMO STAFF / VOLUNTEER | <input type="checkbox"/> RHEUMATOLOGIST |
| <input type="checkbox"/> NURSE | <input type="checkbox"/> SOCIAL WORKER / PSYCHOLOGIST |
| <input type="checkbox"/> OCCUPATIONAL THERAPIST | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> ORTHOPEDIST | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PEDIATRICIAN | |

I work for:

- TREATMENT CENTRE OR HOSPITAL
- INDUSTRY
- GOVERNMENT OR REGULATORY AGENCY
- NON-PROFIT ORGANIZATION
- OTHER _____

Preferred language:

- ENGLISH SPANISH FRENCH

WFH Publication preference:

- PRINT ELECTRONIC

Payment information

- My cheque or money order is enclosed, payable to the World Federation of Hemophilia in US dollars drawn from a US bank or the US correspondent of my local bank.
- I wish to pay by:



CREDIT CARD NUMBER: _____ EXPIRATION: _____

NAME ON CARD (PLEASE PRINT): _____



SIGNATURE: _____

You can also go to www.wfh.org and follow the membership link to a secure form.

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