

PNMD Membership Application (renewable annually)

Name of Person With Parkinson's (PWP) _____

Name of Spouse or Caregiver _____

(Attaching an address label is OK.)

Street _____

City, State, Zip _____

Phone(s) _____

email _____

I am interested in (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> PWP* Only Support Group | <input type="checkbox"/> Free <i>Shaky Times</i> Newsletter |
| <input type="checkbox"/> DBS* Support Group | <input type="checkbox"/> PD Exercise Classes |
| <input type="checkbox"/> Caregivers' Support Group | <input type="checkbox"/> PD Movement Boot Camp |
| <input type="checkbox"/> Young-Onset PD Support Group | <input type="checkbox"/> Tremble Clefs (Singing Group) |
| | <input type="checkbox"/> Donating my old car for PNMD |

Dues & Donations Submitted with this Form:

- \$50 Annual Membership Dues**
- Donation (Optional)
 - Donating in memory or in honor *(Please circle which word you'd like us to use.)*

of _____

TOTAL Payment of \$_____ made in CASH by CHECK

\$50 dues and optional donations with completed Membership Application form may be mailed to:

**Parkinson Network of Mt. Diablo
P.O. Box 3127
Walnut Creek, CA 94598-0127**

Questions? Call PNMD at 925-939-4210

*PWP = Persons with Parkinson's PD = Parkinsons Disease
*DBS = Deep Brain Stimulation