

Parkinson Network of Mt. Diablo (PNMD)

Date ____ / ____ / ____

Membership Registration

Walnut Creek Chapter

TriValley Chapter

Both Chapters

Name of Person with Parkinson's (PwP) _____

Year of Diagnosis _____

Preferred Gender Male Female Undecided _____

Home Phone _____ Cell Phone _____

Email _____

Name of Spouse Caregiver or Friend _____

Phone _____ Email _____

Street _____

City, State, Zip _____

I am interested in...(check all that apply)

Men's Support Group

In-Person

Virtual

Women's Support Group

In-Person

Virtual

Caregiver Support Group

In-Person

Virtual

Shaky Times Newsletter

Email Version

Print Version

Rock Steady Boxing

PD Yoga Class

PD Fit Club

PD Dance Classes

LOUD Crowd® (*for those who have completed SPEAK OUT!®)

I would be interested in...(check all that apply)

DBS Support Group

*Deep Brain Stimulation

Cooking Group

Young Onset PD Support Group

Singing Group

Other _____

Book Club

Dues Submitted with this Application:

\$50 Membership Dues (tax deductible donation)

TOTAL Payment of \$_____ Cash Check Credit/Debit Card PayPal

How did you hear about us? _____

\$50 "dues" are optional and not required to participate in PNMD. 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

