Join Form

First Name(s) (please print)_____Last Name _____

Street Address _____

City_____State_____Zip / Postal Code_____Country _____

Home Telephone_____Mobile Telephone _____

E-mail _____

PLEASE NOTE: If you are not a resident of the US, we welcome you to join the IWMF and receive all the services provided by us. By joining the IWMF, we will send your contact information to the appropriate IWMF International Affiliate /Support Group (if one exists in the country you reside in), and we encourage you to join that Group so that you may also receive services provided locally. The IWMF International Affiliates can be found at www.iwmf.com/about-us/international-affiliates. The list of International Support Groups can be found at www.iwmf.com/get-support/us-and-international-support-groups).

There is no charge to join the IWMF Community. However, we rely on donations from the WM community to fund the many services we provide. We ask that you consider making a donation according to what your heart asks and your pocket can afford. Tax receipts will be issued to US residents for all gift levels.

❑ I wish to make a **gift** of: $_____

❑ I am unable to send a gift at this time but would like to join the IWMF

IWMF Gift Payment Information

Method of Payment:

❑ Check payable to IWMF enclosed ❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

Card No_____Expiration Date_____CVV _____

Name on Card _____

Signature (Required)_____Date_____

Information and Contact Preferences

I am a:

❑ WM patient ❑ Caregiver ❑ Family member ❑ Physician ❑ Other Medical Professional

❑ Other (please specify)_____

❑ Subscribe me to IWMF eNEWS alerts about WM and IWMF activities (must opt in to IWMF emails below)

❑ US residents only – subscribe me to the printed copy of the Torch newsletter instead of the electronic version

Contact Preferences:

Email: ❑ **Opt IN** to emails from the IWMF ❑ Opt OUT of emails from the IWMF

Phone: ❑ **Opt IN** to phone calls from the IWMF ❑ Opt OUT of phone calls from the IWMF

Postal Mail: ❑ **Opt IN** to postal mailings from the IWMF ❑ Opt OUT of postal mailings from the IWMF

The following questions are optional and used ONLY for internal IWMF statistics:

Patient Gender: ❑ Female ❑ Male Year of Birth_____Year of Diagnosis_____

Privacy of visitors to IWMF's website www.iwmf.com and to all IWMF Community Members is of the highest concern to the IWMF. Please visit https://www.iwmf.com/privacy-policy to read the entire IWMF Privacy Policy. The IWMF is committed to your privacy and to providing you with the most accurate information possible.

Please return completed forms to the IWMF Business Office:

6144 Clark Center Avenue
Sarasota, FL 34238, USA
Phone: 941-927-4963; Fax: 941-927-4467