

IETF Membership Form

See the benefits of each membership level below! Please complete this form and mail to IETF, PO Box 14005, Lenexa, KS 66285-4005 or renew your membership online at www.essentialtremor.org. Remember, your membership is tax-deductible. If you have any questions please call 888-387-3667 or email us at info@essentialtremor.org.



P.O. Box 14005
Lenexa, KS 66285-4005

Step #1: Choose your membership level

\$30 Basic Membership

- An essential tremor medical alert card
- The Patient Handbook
- The IETF member magazine, *Tremor Talk*
- The IETF member newsletter, *The Scoop on Tremor*
- The monthly electronic newsletter, Tremor Gram
- Medications flyer
- Coping Tips flyer
- Online Membership

\$50 Bronze Membership

- Basic Membership benefits *plus*
- Reusable green IETF logo bag

\$100 Silver Membership

- Bronze Membership benefits *plus*
- Printed Annual Report
- The IETF Anniversary Edition of Essays: 1988 – 2008

\$250 Gold Membership

- Silver Membership benefits *plus*
- *ET: The Facts*, by Drs. Mark Plumb and Peter Bain

\$500 Platinum Membership

- Gold Membership benefits *plus*
- *I Can't Stop Shaking*, by Sandy Kamen Wisniewski
- Recognition in *Tremor Talk*, the IETF member magazine

\$1,000 President's Club Membership

- Platinum Membership benefits *plus*
- One IETF apparel item Size: _____

Step #2: Member Information

In order to provide you with the most appropriate information on our products and services, please tell us a little more about yourself. **Please note: IETF does not share or sell member information to any third party.**

Please check one: Male Female Do you have ET? Yes No D.O.B: _____

At what age did you first notice signs of ET? _____ At what age were you diagnosed with ET? _____

How many family members have ET? Living _____ Deceased _____

How many generations of your family are affected by ET? (Living and deceased – please include yourself) _____

Please check one: Asian, Pacific Islander Black, non-Hispanic Hispanic Native American
 Caucasian, non-Hispanic Other (Please explain) _____

- Over Please -

Step #3: Additional Donation

Donation amount: \$ _____

I would like my additional donation to fund: (Please check one) Greatest need Research

In Honor of _____ In Memory of _____

Please send an acknowledgement to:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Step #4: Gift Memberships

Add a gift membership for a family member or friend, for only \$15 per Basic Membership

Name: _____ Relation to you: _____

Address: _____ City: _____ State: _____ Zip: _____

AA

Name: _____ Relation to you: _____

Address: _____ City: _____ State: _____ Zip: _____

Step #5: Total Donations and Mail to the IETF

Name: _____ Phone: () _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

By providing your email address you acknowledge you wish to receive electronic communications from the IETF. You may unsubscribe at any time.

My check is enclosed (payable to IETF) Charge my: M/C VISA Discover Am Express

All international payments including Canadian must be paid by credit card or US money order.

Card holders name: _____ Acct #: _____ Exp: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Total Donation: \$

Mail to: IETF | PO Box 14005 | Lenexa, KS | 66285-4005



Hope. Awareness. Research. Support.

MF INFO - 04-2011