

# GHA MEMBERSHIP FORM

(Must be completed and returned with annual membership dues)

**Gateway Hemophilia Association**  
**462 North Taylor Ave., Suite 101**  
**St. Louis, MO 63126**

**E-mail: [info@gatewayhemophilia.org](mailto:info@gatewayhemophilia.org)**  
**Website: [www.gatewayhemophilia.org](http://www.gatewayhemophilia.org)**

**Phone: (314) 531-8300 or (877) 623-8300**

**Fax: (314) 531-8301**

Member(s) Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

About the person(s) with bleeding disorder(s) in your household

<u>Name:</u>	<u>Birth Date:</u>	<u>Bleeding Disorder:</u>	<u>Employer/School &amp; Occupation:</u> <u>(optional)</u>
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(Please use other side for if additional space is needed)

About additional member(s) of your household

<u>Name:</u>	<u>Birth Date:</u>	<u>Employer/School &amp; Occupation:</u> <u>(optional)</u>
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What topics would you like discussed at a general membership meeting?

What are the most important benefits of our organization for you?

What is missing in our current programs, activities, and events?

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**Every organization needs money to thrive. Membership dues are very important to a not-for-profit corporation. We have over 400 members on our mailings list, however, on average fewer than 100 members pay their annual dues. To join the Gateway Hemophilia Association and take advantage of the great benefits we offer to our members, please mail this portion of the membership form and \$25 to the address above. If you are unable to pay the dues for any reason, or cannot pay the full amount, please mail a short hardship note together with this form requesting the membership dues to be in part or completely waived.**

- Check Enclosed**
- Pay by Master or Visa Card**

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_