



INTERNATIONAL ESSENTIAL TREMOR FOUNDATION MEMBERSHIP AND DONATION FORM

**MEMBERSHIP = DONATION = SUPPORT
FOR THE IETF MISSION**

OUR MISSION - To provide global educational information, services and support to those affected by essential tremor (ET), and to health care providers, while promoting and funding ET research initiatives.

Join the IETF as a member.

**Your membership is a
tax-deductible donation.**

STEP 1 CHOOSE YOUR MEMBERSHIP LEVEL

Remember, your membership also counts as a tax-deductible donation. By donating, you support an organization that represents your interests. Members receive IETF publications and resources about ET studies, research, news, and stories about others with ET. Your membership puts you at the forefront of action to fund research and educational initiatives. Join us in our mission to help people like you with ET.

- \$30 Basic Membership
- \$50 Bronze Membership
- \$100 Silver Membership

- \$250 Gold Membership
- \$500 Platinum Membership
- \$1,000 President's Club Membership
- Other amount _____

Members receive:

Essential tremor medical alert card, Patient Handbook
IETF member magazine *Tremor Talk* (2x per year)
IETF member newsletter *The Scoop* (3x per year)

Monthly electronic newsletter TremorGram
Medications flyer, Coping Tips flyer and Online Membership.
**Platinum and President's Club Members receive recognition
in *Tremor Talk* magazine.**

STEP 2 MEMBER INFORMATION

The member information in this section is gathered for statistical data reporting to aid research. **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) _____

STEP 3 ADDITIONAL DONATION

Donation amount: \$ _____

In Honor of In Memory of _____

Please send an acknowledgement to: _____

Name: _____ Address: _____

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

(OVER PLEASE)

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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: _____

Name: _____ Relation to you: _____

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

STEP 5 TOTAL DONATIONS AND MAIL TO THE IETF

Name: _____ Phone number: () _____

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.

Cardholder's Name: _____ Acct #: _____ Expiration: _____

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

TOTAL DONATION \$ _____

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

Thank you for supporting the IETF.

Hope. Awareness. Research. Support.

Serving those affected by essential tremor since 1988.



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