



Membership 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 become a member of 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 for membership in the IWMF. However, we rely on donations from our members 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: \$ _____ For Where the need is greatest Research Member Services
 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 _____

Member Information and Contact Preferences

I am a:

- WM patient Caregiver Family member Physician Other Medical Professional
 Other (please specify) _____ 1

- Subscribe me to IWWMF eNEWS alerts about WM and IWWMF activities (must opt in to IWWMF 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 IWWMF Opt OUT of emails from the IWWMF
- Phone: **Opt IN** to phone calls from the IWWMF Opt OUT of phone calls from the IWWMF
- Postal Mail: **Opt IN** to postal mailings from the IWWMF Opt OUT of postal mailings from the IWWMF

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

Patient Gender: Female Male Year of Birth _____ Year of Diagnosis _____

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

Please return completed forms to the IWWMF Business Office:

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