

Wilson Disease Association Membership

Your WDA membership is important. There is power in numbers. We would like to see our membership grow to encompass all affected by Wilson disease, worldwide. When we speak out about Wilson disease to media, pharma, congress, medical and other organizations, our voice will be strong as one and our message will be clear.

As a member, you have the opportunity to communicate your concerns, share your experiences, learn about the most recent advances in Wilson disease treatment and research, and contribute to important decisions that need to be made so the WDA can be a strong patient advocacy group.

Member Rights

When you choose one of the membership levels on the Membership Form, in addition to the benefits listed for each level, you are entitled to:

- vote in annual elections.
- vote on proposed changes to the WDA Bylaws.
- seek nomination to be a member of the WDA Board of Directors.
- access to your member profile and donation history at <https://wilsonsdisease.z2systems.com/login.jsp>
- access to a "Members Only" area on the WDA website.

Types of Membership

The membership of the WDA consists of Members, Honorary Members, Organizational Members, and Professional Members.

Members.* There shall be no more than five membership categories, as established by the Board of Directors. Members of WDA have the right to vote. The Board of Directors prescribes membership dues. Any person who makes application and pays the prescribed dues is a member.

**Persons and family members affected by Wilson disease who are unable to pay dues but notify the WDA of their desire to be counted as members have regular membership status. If you are unable to pay dues, please fill out the renewal application with a note to that effect. You will be put on the membership list.*

Honorary Members. Honorary membership is extended to people who have rendered outstanding service on behalf of persons with Wilson disease. All Honorary Members are elected by the Board of Directors. Such members pay no dues, have no vote, and are not eligible to hold office.

Organizational Members. Organizations interested in activities related to the purpose of the Association may, upon application and payment of prescribed dues, be elected to organizational membership by the Board of Directors. Such members have one vote if a non-profit organization and no vote if a for-profit organization. Organizational members are not eligible to hold office. Each organizational member designates one individual as its representative.

Professional Members. Physicians and other health care professionals who pay dues at the professional rate have the same privileges of membership as an individual member.

Term of Membership

Membership in the WDA is for a term of one year, from the date you join or renew until your one year anniversary of your last membership donation.



New Member Renewing Member Mr. Mrs. Miss Ms. Dr. Other _____

Name[s]:	
Address:	Home Phone:
City:	Mobile Phone:
State:	Email[s]:
Country:	
Postal Code:	

(Membership dues and donations are tax deductible)

Basic Membership - \$40

- Receive WDA Newsletter via **e-mail**
- Entitles one person of the household to be a WDA member

Basic Plus Membership - \$65

- Receive WDA Newsletter via U.S. mail or e-mail
- Entitles two people of the household to be WDA members

Silver Membership - \$125

- Receive WDA Newsletter via U.S. mail or e-mail
- Entitles all members of the household to be WDA members

Gold Membership - \$250

- Receive WDA Newsletter via U.S. mail or e-mail
- Entitles all members of the household to be WDA members
- 50% discount on Annual Conference Banquet, up to two registrants
- Special recognition as a Gold Member in WDA Newsletter

Copper Membership - \$1000

- Receive WDA Newsletter via U.S. mail
- Entitles all members of the household to be WDA members
- No registration fees for Annual Conference Banquet, up to four registrants
- Special recognition as a Copper Member in WDA Newsletter
- No annual dues

I wish to make a donation to Wilson Disease Association:

I am making a donation of \$ _____ In honor of In memory of _____

Send acknowledgement to: _____
Name Street

City _____ State _____ Postal Code _____ Country _____ E--mail _____

Payment Information:

Membership Dues \$ _____ Visa Master Card Check or Money Order attached
 Donation \$ _____ Card # _____
 Total \$ _____ Expiration Date: _____ CID # _____ (3 digits on back of card)

Please mail, fax, or e-mail to:
 Wilson Disease Association, 1732 1st Ave., #20043 New York, NY. 10128
 Fax: 414-962-3886 E-Mail: judi.keller@wilsonsdisease.org