



MEMBERSHIP / RENEWAL FORM

National Prostate Awareness Association

All prospective members of NPAA are required to complete this registration form. Indicate any changes; Membership runs from July 1st-June 30th. **NEW MEMBERSHIP** **RENEWAL**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
NAME				
ADDRESS 1				MAIN TELEPHONE
ADDRESS 2				WORK TELEPHONE (if different)
ADDRESS 3				HOME TELEPHONE
TOWN/CITY				MOBILE PHONE
ZIP CODE				PRIMARY EMAIL
JOB TITLE:				SECONDARY EMAIL

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership	\$30.	<input type="checkbox"/>
GIVE A MEMBERSHIP	Give A Membership Member	\$30	<input type="checkbox"/>
COMMUNITY SUPPORTER	Community Supporter membership is open to all who share NPAA's objectives or wish to help advance them but cannot become full members (restricted from voting, holding office or chairing committees)	\$20	<input type="checkbox"/>
INSTITUTIONAL	Institutional Membership is open to institutions working in the medical field. Membership allows transfer of membership to replacement personnel. For Membership descriptions see website http://www.checkitandcorrectit.com	\$20 per member	<input type="checkbox"/>
PAYMENT METHOD	<input type="checkbox"/> Personal Check <input type="checkbox"/> Online Payment <input type="checkbox"/> Institutional Check		

SECTION 3: ADDITIONAL MEMBER INFORMATION

<p>Sign me up for the following email list(s): <input type="checkbox"/> Action Alerts - Prostate Cancer Awareness Initiative <input type="checkbox"/> NPAA News - Newsletter <input type="checkbox"/> Promotions – Get latest information on events, and products/services.</p>
<p>Do you subscribe to the NPAA News? Y <input type="checkbox"/> or N <input type="checkbox"/> If no, would you want to be subscribed? (provide e-mail address if not listed)</p>
<p>Permission to use photographic images: Photographs of NPAA members may be used in various NPAA communications incl. the newsletter and website. Group photographs taken at NPAA events may be used without identifying individual members. For individual photographs, please indicate your permission for use: <input type="checkbox"/> NPAA has my permission to use and identify photographs of me. <input type="checkbox"/> NPAA does not have permission to use and identify photographs of me. <input type="checkbox"/> NPAA must contact me before using any identified photographs of me in NPAA communications.</p>

Date: _____

To pay online: Go to <http://www.checkitandcorrectit.com/npaa/become-a-member/>

To pay by check: Send a check made payable to NPAA to:

NPAA, P.O. Box 1723
Decatur, GA 30031

Phone: (404) 769-4483 Fax: (678) 515-3671

Regardless of payment method used, please **make sure to send a copy of your membership form to** info@checkitandcorrectit.com