



Please renew your membership or become a new member of the Dallas Area Parkinsonism Society.

- New Membership
 Renewal

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Change of address

I am a:

- Parkinsonian Spouse of a Parkinsonian Child of a Parkinsonian
 Health Care Professional Other: _____

MEMBERSHIP CATEGORIES

- Family - \$40.00 Supporting - \$100.00 Donor - \$200.00 Life - \$500.00
 Other: _____

Please make your check payable to: Dallas Area Parkinsonism Society
6370 LBJ Freeway, Suite 176
Dallas, Texas 75240-6400
972-620-7600

Thank you!

Your support will help us to continue our many years of service to Parkinsonians and their families in the Dallas area.