

Northern Ohio Hemophilia Foundation, Inc.
2010 Term of Membership:
January 1, 2010 – December 31, 2010

Please mail your completed application with the appropriate membership level fee to:

Northern Ohio Hemophilia Foundation, Inc.
P.O. Box 714556
Columbus, OH 43271-4556

Questions?

Please call the NOHF office at: (216) 834-0051 or 800-554-4366.

Please complete all sections. The information you provide will assist NOHF in planning programs to best meet member needs. This data is for the confidential use of NOHF only.

Adults First and Last Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (_____) _____ E-Mail Address: _____

Work: (_____) _____ Cellular Phone: (_____) _____

Household Members With a Bleeding Disorder: *Items with an asterisk (*) are important for United Way aggregate reporting purposes and will not be used in any other way.*

Name	Race*	Gender*	Date of Birth*	Type of Bleeding Disorder	Which Factor Deficiency (VIII, IX, etc).	Level: Mild, Moderate Severe	Product Used

What company manufactures your factor/clotting agent? _____

Which home healthcare agency do you use? _____

Does anyone in your family have an inhibitor? _____

Which HTC do you use?

_____ Akron Children's Hospital _____ University Hospitals

_____ Other (please describe) _____

Other Household Members (Without a Bleeding Disorder): *Items with an asterisk (*) are important for United Way aggregate reporting purposes and will not be used in any other way.*

Please provide this information to assist NOHF with planning sibling and family programs.

Name	Relation	Race*	Gender*	Date of Birth *	Other Health Issues?

Additional Information: *The following information is needed for statistical purposes of the United Way. It will not be used for any other purpose.*

Employer(s): _____

Total Annual Household Income: (Please check appropriate range)

\$0-\$9,999 \$15,000-\$19,999 \$30,000 and above
 \$10,000-\$14,999 \$20,000-\$29,999 Unknown

Membership Levels – Consumers: *The consumer membership includes the Hemo-Link newsletter, educational programs, family and individual counseling, Carmen S. Matteo Assistance Program for eligible families, camp scholarships, educational scholarships, travel stipend to FamOhio, social and recreational programs, MedicAlert Bracelet (new or renewal), Club Champs, information and referral, and advocacy.*

\$1 Special Membership: Person or Family with bleeding disorder and financial hardship
 \$15 Single Membership: Individual with a bleeding disorder
 \$25 Family Membership: Families with a person with a bleeding disorder
 \$ _____ Membership plus donation

Membership Levels – Non-Consumers: *The non-consumer membership includes the Hemo-Link newsletter and priority notification for selected programs and special events.*

\$25 Friend Membership: Friend or family of those with bleeding disorder
 \$60 Sponsor Membership
 \$100 Patron
 _____ Other \$ _____

The NOHF _____ may / _____ may not use photographs of my family in the newsletter or other materials.

Signature _____

Date _____

***Your assistance is needed!* Get involved with the following volunteer opportunities...**

Please check all areas of interest:

Serve as a NOHF Board Member
 Black & Blue Ball Planning Committee
 Local and/or National Advocacy Opportunities
 Additional Volunteer Opportunities