Member Registration

Primary Contact Information for your household (This is the person who will receive information.)

First Name: _____ Last Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

County: _____

This is a: ☐ Home Address ☐ Business Address

Phone: _____ ☐mobile ☐home ☐work place

Phone: _____ ☐mobile ☐home ☐work place

Preferred Email: _____ Other Email: _____

Communication Preference

How do you prefer to receive communications and invitations?

☐Email ☐Text ☐U.S. Mail

Member Information

Please complete the information on the following pages for EACH PERSON living in your household. For individuals who do not have a bleeding disorder, select the option “None” and indicate the relation to the person with the bleeding disorder.

Why do we ask for information? We offer specific programs that are based on type of bleeding disorder, gender, and/or age of the affected person and/or immediate family members. In addition, we have special mailings that include literature that is targeted towards specific bleeding disorders.

First Name: **Last Name:** **Date of Birth** **Gender**
☐ **Male**
☐ **Female**

Bleeding Disorder
☐ Hemophilia A (Factor VIII deficiency) ☐ Hemophilia B (Factor IX deficiency)
☐ von Willebrand Disease ☐ Type 1 ☐ Type 2 ☐ Type 3
☐ Symptomatic Carrier Other: ____________________________
☐ None - Indicate relationship to person with bleeding disorder (circle one):
Spouse / Parent / Child / Sibling / Other: ______________________

Severity
☐ Mild
☐ Mod.
☐ Severe

Inhibitor
☐ Tolerize
☐ Not Tolerized
☐ N/A

First Name: **Last Name:** **Date of Birth** **Gender**
☐ **Male**
☐ **Female**

Bleeding Disorder
☐ Hemophilia A (Factor VIII deficiency) ☐ Hemophilia B (Factor IX deficiency)
☐ von Willebrand Disease ☐ Type 1 ☐ Type 2 Type 3
☐ Symptomatic Carrier Other: ____________________________
☐ None - Indicate relationship to person with bleeding disorder (circle one):
Spouse / Parent / Child / Sibling / Other: ______________________

Severity
☐ Mild
☐ Mod.
☐ Severe

Inhibitor
☐ Tolerize
☐ Not Tolerized
☐ N/A

First Name: **Last Name:** **Date of Birth** **Gender**
☐ **Male**
☐ **Female**

Bleeding Disorder
☐ Hemophilia A (Factor VIII deficiency) ☐ Hemophilia B (Factor IX deficiency)
☐ von Willebrand Disease ☐ Type 1 ☐ Type 2 Type 3
☐ Symptomatic Carrier Other: ____________________________
☐ None - Indicate relationship to person with bleeding disorder (circle one):
Spouse / Parent / Child / Sibling / Other: ______________________

Severity
☐ Mild
☐ Mod.
☐ Severe

Inhibitor
☐ Tolerize
☐ Not Tolerized
☐ N/A

First Name: **Last Name:** **Date of Birth** **Gender**
☐ **Male**
☐ **Female**

Bleeding Disorder
☐ Hemophilia A (Factor VIII deficiency) ☐ Hemophilia B (Factor IX deficiency)
☐ von Willebrand Disease ☐ Type 1 ☐ Type 2 Type 3
☐ Symptomatic Carrier Other: ____________________________
☐ None - Indicate relationship to person with bleeding disorder (circle one):
Spouse / Parent / Child / Sibling / Other: ______________________

Severity
☐ Mild
☐ Mod.
☐ Severe

Inhibitor
☐ Tolerize
☐ Not Tolerized
☐ N/A

First Name:	**Last Name:**	**Date of Birth**	**Gender**
			☐ **Male** ☐ **Female**

Bleeding Disorder

☐ Hemophilia A (Factor VIII deficiency) ☐ Hemophilia B (Factor IX deficiency)
☐ von Willebrand Disease ☐ Type 1 ☐ Type 2 Type 3
☐ Symptomatic Carrier Other: ____________________________
☐ None - Indicate relationship to person with bleeding disorder (circle one):
Spouse / Parent / Child / Sibling / Other: _____________________

Severity: ☐ Mild ☐ Mod. ☐ Severe

Inhibitor: ☐ Tolerize ☐ Not Tolerized ☐ N/A

First Name:	**Last Name:**	**Date of Birth**	**Gender**
			Male **Female**

Bleeding Disorder

☐ Hemophilia A (Factor VIII deficiency) ☐ Hemophilia B (Factor IX deficiency)
☐ von Willebrand Disease ☐ Type 1 ☐ Type 2 Type 3
☐ Symptomatic Carrier Other: ____________________________
☐ None - Indicate relationship to person with bleeding disorder (circle one):
Spouse / Parent / Child / Sibling / Other: _____________________

Severity: ☐ Mild ☐ Mod. ☐ Severe

Inhibitor: ☐ Tolerize ☐ Not Tolerized ☐ N/A

First Name:	**Last Name:**	**Date of Birth**	**Gender**
			Male **Female**

Bleeding Disorder

☐ Hemophilia A (Factor VIII deficiency) ☐ Hemophilia B (Factor IX deficiency)
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☐ Symptomatic Carrier Other: ____________________________
☐ None - Indicate relationship to person with bleeding disorder (circle one):
Spouse / Parent / Child / Sibling / Other: _____________________

Severity: ☐ Mild ☐ Mod. ☐ Severe

Inhibitor: ☐ Tolerize ☐ Not Tolerized ☐ N/A

First Name:	**Last Name:**	**Date of Birth**	**Gender**
			Male **Female**

Bleeding Disorder

☐ Hemophilia A (Factor VIII deficiency) ☐ Hemophilia B (Factor IX deficiency)
☐ von Willebrand Disease ☐ Type 1 ☐ Type 2 Type 3
☐ Symptomatic Carrier Other: ____________________________
☐ None - Indicate relationship to person with bleeding disorder (circle one):
Spouse / Parent / Child / Sibling / Other: _____________________

Severity: ☐ Mild ☐ Mod. ☐ Severe

Inhibitor: ☐ Tolerize ☐ Not Tolerized ☐ N/A

Volunteer Opportunities

We welcome volunteers in many ways! If you would like to be a volunteer and donate your time or services, please indicate your interests below:

☐ Advocacy

☐ *Board Member (you will be contacted by a current member of the Board of Directors)*

☐ Childcare at events or meetings (a background check may be required)

☐ Committee Volunteer

☐ Event Volunteer

☐ General Office Tasks

☐ Professional Services (i.e. IT support, computer repair, graphic design, photography, printing, etc.)

(please explain):

_____

_____

_____

☐ *Other talents or skills: (i.e. musician, DJ services, face painting, balloon designs, crafts, etc.)*

please explain:

_____

_____

_____

Thank you for completing this form.

You may return the form to us in any of the following ways:

Email: scan and email your completed form to: info@hemophiliaoregon.org

Fax: Our fax number is 503-297-0127

U.S. Mail: Our address is:

Hemophilia Foundation of Oregon

456 SW Monroe Ave, Suite 102

Corvallis, Or 97333