



Lone Star Chapter of the National Hemophilia Foundation



### Membership Information

Name(s) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Preferred method of receiving chapter information:

US Postal Mail     Phone calls     Email

Please give us information on the bleeding disorder affecting your family:

Type of bleeding disorder – please note if there is an inhibitor

Age of person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$25.00 Donation  Cash /  Check # \_\_\_\_\_ /  Credit Card

Card Holder's Name \_\_\_\_\_ / Type of Card: MC / Visa / AMEX

Credit Card # \_\_\_\_\_ / Exp. Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ / Security Code \_\_\_\_\_

Please mail to: Lone Star Chapter of the National Hemophilia Foundation  
10500 Northwest Freeway, Suite 226, Houston, TX 77092

Or Fax to: (713)686-6102 no cover sheet needed

Or Email to: [HHensley@LoneStarHemophilia.org](mailto:HHensley@LoneStarHemophilia.org)