



Greater Los Angeles Chapter Of the American Parkinson Disease Association



CHAPTER MEMBER

Please fill out and mail in this form.

Name _____

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Preferred method of contact:

Phone Email

How would you like to be involved with the chapter?

- Fundraising Advocacy
- Public Relations Membership

Annual membership: \$20.00 (tax-deductible)

- Check enclosed (payable to APDA LA Chapter)
- Credit card  (circle one)

Amount: \$20.00 Other \$ _____

Card number _____ Exp. date _____

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For information, please call:

866-708-7745

Mail form to:

APDA LA Chapter

8721 Santa Monica Blvd, #316

Los Angeles, CA 90069