

Guardians of Hydrocephalus Research Foundation  
Membership Application: \$30.00 per family/per year  
Fiscal Year: Nov 1 —Oct 31  
(Please note: Membership in effect for one year)

Date: \_\_\_\_\_  
(Please print all information)

Family Name: \_\_\_\_\_

First Name: (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number:(\_\_\_\_\_) \_\_\_\_\_ Business Number:(\_\_\_\_\_) \_\_\_\_\_

Fax Number:(\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Would you like a pen pal: yes no      Age: \_\_\_\_\_ female male

Company or Agency: \_\_\_\_\_

Child/Adult Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctors: \_\_\_\_\_

Hospital: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Occupation (explain briefly): \_\_\_\_\_

Please Check One: parent relative friend benefactor

Dues Enclosed ? yes no \_\_\_\_\_

Would you like to join our Parent Network? yes no

Would you like to become a Satellite Information Center? yes no

Are you interested in helping with any of our committees? yes no

If so which one? Fundraising Newsletters Membership drive Volunteer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment for membership dues can be made by cash, check or money order to:  
GHRF Headquarters, 2618 Avenue Z, Brooklyn N.Y. 11235