



# Membership Survey

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1

## Primary Contact Information (This is the person to whom mail will be addressed.)

Title:  Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

County: \_\_\_\_\_ School District: \_\_\_\_\_

This is a:  Home Address  Business Address

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

Cell Phone (Optional): \_\_\_\_\_

Work or Other Phone (Optional): \_\_\_\_\_

What is the best time to reach you?  Morning  Afternoon  Evening  Anytime

E-Mail Address: \_\_\_\_\_

2

## Communication Preference

How do you prefer to receive communications and invitations?  U.S. Mail  E-mail  Both

**Note:** If you have indicated e-mail, be sure to enter an e-mail address in the space provided above.

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## Bleeding Disorder Information

Does someone **living in your household** have a bleeding disorder?

No (Continue to section 3a: Non-Affected Members)

Yes (Skip to section 3b: Affected Members)



**Non-Affected Members** (Members that do not have a bleeding disorder)

Which of the following best describes you?

- Relative of a person with a bleeding disorder (Relation: \_\_\_\_\_ )
- Widow or  Other surviving family member of a deceased affected member (Relation: \_\_\_\_\_ )
- Friend of a person with a bleeding disorder
- Healthcare Professional
- Industry Representative
- Other Professional (please explain) \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

(Skip to Section 4.)



**Affected Members** (Someone living in your household has a bleeding disorder)

Please complete the following information for *each person living in your household*. (Why do we need this 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 (Month/Day/Year): \_\_\_\_\_

Gender:  Male  Female

**Does this person have a bleeding disorder?**

No—What is the relationship to the person with a bleeding disorder?  
 Spouse  Parent  Child  Sibling  Other (please explain) \_\_\_\_\_

Yes—Provide diagnosis, severity, and inhibitor information, for this person, below:

Diagnosis:  Hemophilia A (Factor VIII Deficiency)  Hemophilia B (Factor IX Deficiency)  
 Von Willebrand ( Type 1  Type 2  Type 3)  
 Thrombophilia  Other (please explain) \_\_\_\_\_

Severity:  Mild  Moderate  Severe

Inhibitor:  Tolerized  Not Tolerized  N/A

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Gender:  Male  Female

**Does this person have a bleeding disorder?**

No—What is the relationship to the person with a bleeding disorder?  
 Spouse  Parent  Child  Sibling  Other (please explain) \_\_\_\_\_

Yes—Provide diagnosis, severity, and inhibitor information, for this person, below:

Diagnosis:  Hemophilia A (Factor VIII Deficiency)  Hemophilia B (Factor IX Deficiency)  
 Von Willebrand ( Type 1  Type 2  Type 3)  
 Thrombophilia  Other (please explain) \_\_\_\_\_

Severity:  Mild  Moderate  Severe

Inhibitor:  Tolerized  Not Tolerized  N/A

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Gender:  Male  Female

**Does this person have a bleeding disorder?**

No—What is the relationship to the person with a bleeding disorder?

Spouse  Parent  Child  Sibling  Other (please explain) \_\_\_\_\_

Yes—Provide diagnosis, severity, and inhibitor information, for this person, below:

Diagnosis:  Hemophilia A (Factor VIII Deficiency)  Hemophilia B (Factor IX Deficiency)

Von Willebrand ( Type 1  Type 2  Type 3)

Thrombophilia  Other (please explain) \_\_\_\_\_

Severity:  Mild  Moderate  Severe

Inhibitor:  Tolerized  Not Tolerized  N/A

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Gender:  Male  Female

**Does this person have a bleeding disorder?**

No—What is the relationship to the person with a bleeding disorder?

Spouse  Parent  Child  Sibling  Other (please explain) \_\_\_\_\_

Yes—Provide diagnosis, severity, and inhibitor information, for this person, below:

Diagnosis:  Hemophilia A (Factor VIII Deficiency)  Hemophilia B (Factor IX Deficiency)

Von Willebrand ( Type 1  Type 2  Type 3)

Thrombophilia  Other (please explain) \_\_\_\_\_

Severity:  Mild  Moderate  Severe

Inhibitor:  Tolerized  Not Tolerized  N/A

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Gender:  Male  Female

**Does this person have a bleeding disorder?**

No—What is the relationship to the person with a bleeding disorder?  
 Spouse  Parent  Child  Sibling  Other (please explain) \_\_\_\_\_

Yes—Provide diagnosis, severity, and inhibitor information, for this person, below:

Diagnosis:  Hemophilia A (Factor VIII Deficiency)  Hemophilia B (Factor IX Deficiency)  
 Von Willebrand ( Type 1  Type 2  Type 3)  
 Thrombophilia  Other (please explain) \_\_\_\_\_

Severity:  Mild  Moderate  Severe

Inhibitor:  Tolerized  Not Tolerized  N/A

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Gender:  Male  Female

**Does this person have a bleeding disorder?**

No—What is the relationship to the person with a bleeding disorder?  
 Spouse  Parent  Child  Sibling  Other (please explain) \_\_\_\_\_

Yes—Provide diagnosis, severity, and inhibitor information, for this person, below:

Diagnosis:  Hemophilia A (Factor VIII Deficiency)  Hemophilia B (Factor IX Deficiency)  
 Von Willebrand ( Type 1  Type 2  Type 3)  
 Thrombophilia  Other (please explain) \_\_\_\_\_

Severity:  Mild  Moderate  Severe

Inhibitor:  Tolerized  Not Tolerized  N/A

If you have additional family members living in your household, please make copies of this form or contact the chapter office for more forms.

**4**

**Volunteer Opportunities:** (Please check all opportunities in which you or a member of your household would be interested in participating.)

- Advocacy
- General Office Tasks (ex: Mailings, Event Preparation such as stuffing folders, gift bags, etc.)
- Event Volunteer (ex: Registration Table, Logistics, etc.)
- Childcare at Events or Meetings
- Fundraising Committee Volunteer
- Other talents or skills that you would like to offer the chapter (please explain) \_\_\_\_\_

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**5**

**Additional Information** (Please use this space to provide any additional information that you would like to share with us.)

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**Thank you for taking the time to complete this survey!**