



# JOIN AND EXPERIENCE THE VALUE OF MEMBERSHIP

## WHY BECOME A MEMBER?

Members help to provide much needed revenue that supports the day to day operations of the Prader-Willi Syndrome Association of Wisconsin. PWSA of WI employs a full-time staff member who allows the organization to provide advocacy and education when called upon, a phone line for questions and other situations, and to organize our events.

## YOUR MEMBERSHIP INCLUDES:

- A quarterly newsletter, The Wisconsin Connection
- Discounts on trainings or conferences
- FREE OR LOW COST social and support opportunities
- The ability to apply for scholarships and financial help
- Assurance that there will be a voice for all who have Prader-Willi syndrome. PWSA of WI, Inc. celebrated 23 years of reaching out to provide support, education and advocacy to persons with Prader-Willi syndrome and their loved ones across the State of WI.
- Every year scholarships are awarded to campers who have PWS and are in need of financial assistance so they can attend summer camp.
- Each Winter/Spring a social event is sponsored by PWSA of WI, Inc. for persons with this disability, their siblings, and those who support them. More than 100 people who have Prader-Willi syndrome attend. This is a time for making new friends, rekindling old friendships, sharing and having a great time. The unique nutritional and behavioral needs of the participants are specifically addressed.
- Once a year, a training workshop or some other educational project is conducted that helps those who work with children and adults with PWS gain a better understanding of their needs and how to make the lives of those with Prader-Willi syndrome more successful.
- Every day, information and support is provided to callers and others who seek help. Brochures and other printed material are shared at no cost.
- When requested, onsite training and consultations are conducted.

## MEMBERSHIP REGISTRATION:

- Individual \$25       Family \$40       Professional \$50

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please save on paper and send me the newsletter via email!

NAME AND BIRTHDATE OF INDIVIDUAL WITH PWS (OPTIONAL):

\_\_\_\_\_  
\_\_\_\_\_

I would like to sponsor a membership:  Individual  Family



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