

**Hypospadias and Epispadias Association Membership/Donation Form**

**Join HEA**

- Yes, I want to join HEA today. I'll fill out the information below.
  - I am signing up for a one-year membership. My annual dues payment of US\$36 is enclosed.
  - I am signing up for a lifetime membership. My lifetime membership fee of US\$500 is enclosed.
  - I request a dues waiver because of financial hardship. I understand that my request will be reviewed by HEA. (Dues may be waived for one-year memberships only.)
- No thanks, I'll join at some other time.

**Donate to HEA**

**Would you like to make a donation to HEA?**

- Yes, I'd like to donate. I'll fill out the information below.
- No thanks, not today.

Membership dues \$ \_\_\_\_\_.

Donation amount \$ \_\_\_\_\_.

Total enclosed \$ \_\_\_\_\_.

**HEA is a 501(c)(3) nonprofit organization, which means that donations are tax deductible for US taxpayers.**

**Please enclose a check in US dollars made out to "HEA" and mail it to:**

**HEA Treasurer**  
**P.O. Box 1617**  
**Kyle, TX 78640**

**(Optional) I would like my donation to be used for:**

- General HEA expenses
- HEA conference scholarships
- Other (please specify): \_\_\_\_\_

**(Optional) My donation is in honor of:**

- Jim's HEA Walk
- Other (please specify): \_\_\_\_\_

**My Information** All information will be kept confidential. \* indicates required information.

Name\* \_\_\_\_\_

E-Mail Address\* \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**I'm joining or supporting HEA because:\***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> I have hypospadias         | <input type="checkbox"/> My child has hypospadias         | <input type="checkbox"/> My friend/spouse/family member has HS or ES |
| <input type="checkbox"/> I have epispadias          | <input type="checkbox"/> My child has epispadias          | <input type="checkbox"/> I'm a health care professional              |
| <input type="checkbox"/> I have a related condition | <input type="checkbox"/> My child has a related condition | <input type="checkbox"/> I'm a friend of HEA                         |