



PRISMS, Inc.
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Please complete this Membership Form – PLEASE PRINT

NEW RENEWAL

MEMBER NAME(s): _____
 (Mr/Mrs/Ms, First, Last names of all applying)

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____

COUNTRY: _____ EMAIL: _____

PRIMARY PHONE #(s): _____
 (Please specify type as H(ome), C(ell) and/or W(ork))

Parent-to-Parent Program & Volunteer status (optional):

- I would like to be contacted by other families to provide support
- I would be interested in volunteer opportunities with PRISMS

SMS PERSON'S FULL NAME: _____

DATE OF BIRTH (mm/dd/yyyy) : _____ GENDER (M/F): _____

RELATIONSHIP (to SMS person): Parent Relative Professional Grandparent Other _____

Annual Membership Contribution Information (US\$)

- ❖ \$30 - SMS Parent/Caregiver/Relative/Friend
- ❖ \$35 - International SMS Parent. Payment by credit card or international money order/cashier's check obtained at your local bank denominated in US dollars. Payment by check or draft in your local currency. Please contact your bank for the current foreign exchange rate or obtain a rate using www.xe.com/ucc/.
- ❖ \$50 - Physician/Health Professional
- ❖ \$50 - Other Organization (please specify) _____
- ❖ If you would like to join PRISMS but cannot afford membership, please make as generous a contribution as you can afford at this time and specify the amount in the box below.
- ❖ Basic Membership contributions do not cover all PRISMS annual operating costs. Please consider making an additional contribution.

Payment Information: Please return this form with your membership contribution to the above address.

Enclosed is my: Check Check # _____ Membership Contribution: \$ _____
Visa Mastercard Additional Contribution: \$ _____

Card #: _____

Name on card (print): _____

Exp Date: _____ Signature: _____

We appreciate your support and participation!

All PRISMS contributions are tax deductible under 501(c)3 of the IRS Code, to the extent allowable by law. PRISMS keeps all information confidential and will not share or distribute personal information to anyone else without authorization.

Fax number 972-499-1832