

HDSA National Youth Alliance (NYA)

Membership Application

Please fill out the below application and submit it via email or snail-mail it to:

Huntington's Disease Society of America [HDSA]

505 Eighth Avenue, Suite 902

New York, NY 10018

Attention: Mynelly Perez

Email Address: mperez@hdsa.org

| | | | | | | | |
|---|---|--|--------------|---------------|----------------------|--|-------------|
| Required Information - Pages 1 and 2 | | | | | Today's Date: | | |
| Name: | | | | | | | |
| Nickname: | | <i>[only if this is the name you go by]</i> | | | | | |
| Street Address: | | | | | | | |
| City: | | | | | State: | | Zip: |
| Home Phone: | Area Code [] | - | Cell: | Area Code [] | - | | |
| Current Age: | | Birth date: | Month: | Day: | Year: | | |
| HD Relationship: | [] At-Risk [] Positive [] Negative [] Relative/Friend With HD | | | | | | |
| How do you want to receive HDSA notices on NYA activities: | | | Email | | Mail | | Both |
| Email Address: | @ | | | | | | |
| Alternate Email | @ | | | | | | |
| Personal Website: | <i>[only if you want to share]</i> | | | | | | |
| IM's You Want To Share: | | | | | | | |
| In Case of An Emergency | | Provide the person or physician to be contacted in an emergency. | | | | | |
| Name: | | | | | | | |
| Relationship to you: | | | | | | | |
| Street Address if different from above: | | | | | | | |
| City: | | | | | State: | | Zip: |
| Home Phone: | Area Code [] | - | Cell: | Area Code [] | - | | |
| Email Address: | @ | | | | | | |
| Tell Us About Your Membership in a HDSA Chapter or HD Support Group | | | | | | | |
| Do you currently belong to an HDSA Chapter? [] Yes [] No | | | | | | | |
| If yes, what is the name of the Chapter? | | | | | | | |
| If no, do you belong to a HD Support Group? [] Yes [] No | | | | | | | |
| If yes, what is the name of the Support Group? | | | | | | | |
| Do they have special sessions for youth? [] Yes [] No | | | | | | | |
| If no, would you attend if they started one? [] Yes [] No | | | | | | | |
| Your Previous Attendance At An HDSA National Convention | | | | | | | |
| The only time the members of NYA are able to get together <i>in person</i> is during the Huntington's Disease Society of America (HDSA) annual HD convention. The HDSA plans special convention activities and sessions to meet the needs of the NYA and all young people living with HD. Please help us by answering the following questions: | | | | | | | |

| | | | |
|---|--|--|--|
| Have you attended an HDSA convention in the past? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, did you attend any sessions designed for young adults? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please add any comments about your convention experience you'd like to share: | | | |
| | | | |
| Do you have any suggestions for sessions specifically for children and/or young adults that you would like to see at future HDSA national conventions? Please share them here: | | | |
| | | | |
| Do you plan on attending the next HDSA convention? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, will you be applying for the NYA Convention scholarship? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does your HDSA Chapter or HD Support Group offer a scholarship? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Your Support to the NYA | | | |
| Please write your thoughts on what you feel the NYA's primary goal(s) or purpose should be: | | | |
| | | | |
| If asked, how do you feel you could best support the NYA: | | | |
| Fund Raising: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Letter Writing: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emotional Support: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Silent Auction Items: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Media Attention: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Education/Awareness: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | | | |
| Level of support you can provide: [time] | | | |
| Best time to contact you [please indicate EST, CST, MST, etc.]: | | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| If you have any questions about the NYA please ask them here: | | | |
| | | | |

HDSA NYA Application – *Optional Information*

Permission to Use

In order to help the other members on the NYA get to know you better, portions of the information you provide below may be used when you are “introduced” to the NYA Yahoo Message Board by a group by email.

Do we have your permission to share this information? | [] Yes [] No

You & HD

If your answer is no, the below information will not be shared but will be used to help the HDSA develop specific programs or educational material for young people living with HD.

Tell Us About You & HD

Who in your family has HD? How has living with HD affected you? What are some things you would like to know from other NYA members about HD, etc.

Tell Us A Little Bit About You!

Are you in school? What grade are you in? What type of work you do? How many sisters and brothers do you have? What is your favorite website, music, things to do, etc.:

Tell Us About Your Favorite Hobbies!

Are there any hobbies you enjoy, talents you may have or groups you're a member of, etc.?