

BDASC

Mail to: **Bleeding Disorders Association of South Carolina – 25 Woods Lake Road, Ste. 300, Greenville, SC 29607**
E-mail to: info@bda-sc.org -- Fax to (864-236-8663) *You can also register online on our website.*

_____ Current Member Update _____ New Member *****Please put a (B) next to name/s of those affected by a bleeding disorder**

I would like to give my permission to list my name and contact information in the BDASC Support Group Contact book. I understand my PPI will not be provided, sold or distributed to any other organization, cooperation or Industry/Healthcare provider- this is strictly to assist community members to be able to reach individuals with like interest and diagnosis's, ages of children, zip codes, mentoring and interests. This is optional. Community members have asked for this information and we are looking at accommodating our community requests and updating our data base records. YES _____ NO _____ (do not list us)

Name: (Last, First) (Please list all adult family members living in your household)

Adult: _____ Adult: _____ Adult: _____

Children: _____ Birthdate: _____ Children: _____ Birthdate: _____

Children: _____ Birthdate: _____ Children: _____ Birthdate: _____

Children: _____ Birthdate: _____ Children: _____ Birthdate: _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Home phone: _____ **Cell:** _____

E-Mail: _____

What type of bleeding disorder are you or your family member(s) diagnosed with? (below)

Hemophilia A ___ Hemophilia B ___ Von Willebrand Disease ___ Symptomatic Carrier ___ Carrier (no symptoms) ___ Other Bleeding Disorder _____

Mild Moderate Severe Do you have an inhibitor? Yes _____ No _____

What treatment center / clinic / facility do you use for treatment care of your bleeding disorder(s)? _____

What Insurance do you have? Private _____ Medicaid / Medicare _____

*BDASC appreciates all donations in support of our programs and services. Your donation may be tax deductible as allowed by law. A receipt upon request is available. If you would like to make a donation at any time, please make all checks payable to **Bleeding Disorders Association of South Carolina** and send checks to the home office. You may also make a donation on our website At www.bda-sc.org.*

Please except my donation of:

\$10 _____ \$25 _____ \$50 _____ \$100 _____ other _____ In memory of: _____

_____ I do not have a bleeding disorder; however, I would like to support Bleeding Disorders Association of South Carolina and its mission. Please add my contact information listed above to your database and mailing list.

My affiliation is:

_____ Medical Professional: I work for _____

_____ Industry providing services/products to the bleeding disorders community _____

_____ Industry providing services/products to the bleeding disorders community and a community member with a bleeding disorder, or family member / child / spouse with a diagnosis. (Use my information above)

I work for _____ Other (please provide) _____

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Adopted 1.1.22 (Name Change) BOD – Member : 1.0