

**THE INTERNATIONAL FOP ASSOCIATION, INC
MEMBERSHIP FACT SHEET**

If you are the family member of a person with FOP/POH, medical professional, friend, etc. and would like to join the IFOPA, please fill out the following form. Members receive our quarterly newsletter "The FOP Connection", information on FOP/POH, and information on current research.

Date _____

Name _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Telephone number _____ E-mail _____

Membership Category:

POH Family Member Friend Medical Professional _____

Briefly state how you found the IFOPA

Enclosed is my membership fee of \$25.00 (U.S. Currency, please). Make check payable to: IFOPA

Please return this form to:

International FOP Association
P.O. Box 196217
Winter Springs, FL 32719-6217