



Healthcare Professional and Physician Membership & Donation Form

Phone

Fax

Mail

Call 1-888-NHF-5552 with your membership selection and credit card information.

Fax this completed form with credit card information to: 312-640-9049.

Mail this completed form with your payment to the address below.

Membership

- I want to become a Physician Member of the NHF for just \$125 per year.
Note: Physician Member applicants please email, fax or mail a copy of current license and curriculum vitae.

- New Member
 Renewal Member

- I want to become a Healthcare Professional Member of the NHF for just \$75 per year.

- New Member
 Renewal Member

Donation

- I am including a contribution to support NHF programs that help headache sufferers nationwide. The amount of my tax deductible gift is \$_____.

The donation you make today will help us continue to make a difference in the quality of life of those battling this neurobiological disease. A remarkable eight-two percent (82%) of every contributed dollar goes directly to support NHF programs and services.

Please make my donation:

- Quality of life donation in honor of: _____
 Memorial donation in memory of: _____

Please send an acknowledgement of donation to:

Name _____ Address _____

City/State/Zip _____

Name _____

Address _____

City/State/Zip _____

Daytime phone _____

Email _____

Specialty _____

Complete the following for credit card payment only.

Visa ____ MC ____ Discover ____ AmEx ____

Credit Card # _____

Expiration Date _____

Name on Card _____

Signature _____

Please make checks/money orders payable to:
National Headache Foundation
820 N. Orleans, Suite 217
Chicago, Illinois 60610-3132