

Pen Pal Application

Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

The following information is optional and is not required to join the Pen Pal program, however it may be helpful in locating someone with similar interests to correspond with.

1. Date of Birth: _____

2. I have _____ (type of ataxia).

3. I do not have ataxia, but a friend or family member has: _____ (type of ataxia)

4. I wish to correspond with:

Male _____

Female _____

Adult _____

Teen _____

Child _____

Spouse of one with ataxia _____

One who has ataxia _____

Parent of one with ataxia _____

Other: friend, co-worker, etc. _____

No preference _____

5. Please list your interests or hobbies

6. I wish to correspond by: Mail e-mail Phone

My e-mail address is: _____

Phone Number ****OPTIONAL****: _____

(Please do not list your phone number if you do not want it published in the Pen Pal Directory.)

****VERY IMPORTANT****

I hereby authorize the National Ataxia Foundation to release my name, address and information I have given to other people interested in ataxia for the purpose of correspondence and mutual **support only**. I hereby relieve the National Ataxia Foundation of any responsibility or consequence due to above correspondence or mutual support.

X _____

Signature of applicant

Date _____

X _____

Signature of applicant's parent or guardian if applicant is a minor

Please note: If you are filling this form out online, your printed name constitutes a signature)