

# 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:

5. Please list your interests or hobbies

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 as a signature)**



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