Parkinson Network of Mt. Diablo (PNMD)
Membership Registration

☐ Walnut Creek Chapter ☐ TriValley Chapter ☐ Both Chapters **Date ____ / ____ / ____**

Name of Person with Parkinson's (PwP) _____

Year of Diagnosis _____

Preferred Gender ☐ Male ☐ Female

Home Phone _____ Cell Phone _____

Email _____

Name of ☐ Spouse ☐ Caregiver or ☐ Friend _____

Phone _____ Email _____

Mailing Address: Street _____

City, State, Zip _____

I am interested in…(check all that apply)

☐ Men's Support Group
- ☐ In-Person
- ☐ Virtual

☐ Women's Support Group
- ☐ In-Person
- ☐ Virtual

☐ Caregiver Support Group
- ☐ In-Person
- ☐ Virtual

☐ Shaky Times Newsletter
- ☐ Email Version
- ☐ Print Version

☐ PD Fit Club

☐ PD Yoga Class

☐ SPEAK OUT!® Class

☐ T'ai Chi Class

☐ Pickleball

☐ Table Tennis

$50 Membership Dues (annual per household) requested. Dues are deductible as a donation.
Tax Id: 94-3297100

TOTAL Payment Submitted **$**_____ ☐ Cash ☐ Check ☐ Credit/Debit Card ☐ PayPal

How did you hear about us? _____

Membership form may be printed and mailed to: **PNMD, P.O. Box 3127, Walnut Creek, CA 94598-0127**

Questions? Call PNMD at (925) 939-4210