

PAF is compiling an updated Family Directory that will be distributed to PAF members. If you would like to have your family information included in the Directory please complete the following form and send to Propionic Acidemia Foundation, 1963 McCraren Rd., Highland Park, IL, 60035. Please indicate on the form which information you give permission to include in the Directory. Thank you.

Please indicate individual(s) affected by Propionic Acidemia:

Self
 Spouse/Partner
 Child(ren)
 Other _____

Permission to Include? YES / NO

Name - First, Last	Propionic Acidemia?	Gender	Date of Birth	Permission to Include?
Self: _____	YES / NO	F / M	_____	YES / NO
Spouse/Partner: _____	YES / NO	F / M	_____	YES / NO
Child: _____	YES / NO	F / M	_____	YES / NO
Child: _____	YES / NO	F / M	_____	YES / NO
Child: _____	YES / NO	F / M	_____	YES / NO
Child: _____	YES / NO	F / M	_____	YES / NO
Other: _____	YES / NO	F / M	_____	YES / NO

Family Address _____ Permission to Include? YES / NO
City, State, Zip _____ Permission to Include? YES / NO
Home Phone () _____ Permission to Include? YES / NO
Cell Phone () _____ **belongs to:** _____ Permission to Include? YES / NO
Work Phone () _____ **belongs to:** _____ Permission to Include? YES / NO
Email address _____ **belongs to:** _____ Permission to Include? YES / NO
Email address _____ **belongs to:** _____ Permission to Include? YES / NO
Please list if fluent in language(s) other than English _____ Permission to Include? YES / NO

I would like to be listed in PAF's mailing list and family directory. Information that will be distributed to other families includes general contact information such as name, address, email, phone number, names and age of children and whether affected or not. By agreeing to be listed, I am willing to let individuals touched by PA to contact me for support.

Printed Name

Signature & Date