



Sign Up!

Are you interested in joining forces with MDF to create resources that will serve more members of the DM community and drive research? If you are, **TeamMDF** needs you!

Please complete this form then print and fax to 650-267-5564 or print, scan and email to TeamMDF@myotonic.org.

Name: _____

Phone #1: _____ Phone #2: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Way to Contact: Phone Email Best Time to Contact: Day Evening

How much time do you plan to commit to **TeamMDF** each month? _____

Please tell us your relationship to myotonic dystrophy (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Self or Family Member | <input type="checkbox"/> Unaffected caregiver |
| <input type="checkbox"/> Friend of Family | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Other: _____ | |

I want to help with:

- | | |
|---|--|
| <input type="checkbox"/> Peer-to-Peer WarmLines | <input type="checkbox"/> DM Support Groups |
| <input type="checkbox"/> Physician Referral Lists | <input type="checkbox"/> MDF Community Forum |
| <input type="checkbox"/> Fundraisers | |

I have skills and interests in the area of:

- | | |
|--|---|
| Administrative/Organizational Support | |
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Computer/Internet Services |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Volunteer Recruitment/Coordination |
| Communications/Marketing/Public Relations/Social Media | |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Social Media |
| Counseling Training | |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Therapy/Counseling | |

For more information contact Elizabeth Florence, TeamMDF Community Leader, or Amy Cavallaro, MDF Development Manager, at TeamMDF@myotonic.org or call 650-627-5562.

I have skills and interests in the area of (continued):

Special Event Support/Fundraising

Event Planning and Coordination

Fundraising Planning and Coordination

Education

Teacher (Please specify age level served): _____

Are you already a member of a DM support group? If so, please tell us where and how often you meet and approximately how many members are in your group:

Additional comments:

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