



Smith-Lemli-Opitz | RSH
FOUNDATION

SLO/RSH Foundation
P.O. Box 10598 ♦ Fargo, ND 58106-0598 ♦ USA
Phone: 701-367-1976 Email: gnoah@smithlempiopitz.org
www.smithlempiopitz.org

Lifetime Registration Form / Annual Update of Information Form

Check one: Registering for Lifetime Membership \$25.00 Annual Update of Information

Name and Address: _____ (Please Print)

Home phone: _____ E-Mail Address: _____

Cell Phone: _____ Alternate E-Mail Address: _____

Work Phone: _____ Primary Language Spoken at Home: _____

SLO Children Name/s, Birthdates, Deceased Dates: _____

Siblings Names/Birthdates: _____

To aide new families in locating doctors familiar with SLOS, please provide the following optional information:

Pediatrician Name/City: _____ Specialist Name/City: _____

PERMISSIONS: *please check one of the following*

I give my permission to have my name, address, phone or email information shared with other registered SLOS families/specialists/supporters.

I DO NOT want my name, address, phone or email information distributed in any way. *Please remove me from your mailing list.*

LIFETIME REGISTRATION FEES:

Parent(s)/Caregiver/Relative/Friend of SLOS child/adult (**\$25.00**) Relationship to SLOS child/adult: _____

Professional/Hospital/Organization (**\$50.00**)

SLOS Specialists: please check this box if you would like your name/office contact information listed on our website: www.smithlempiopitz.org.

Contact information for website: _____

DONATION: optional

CHECK ENCLOSED: \$25.00 _____ \$50.00 _____ \$100.00 _____ \$150.00 _____ Other Amount: \$ _____

CREDIT CARD: _____ - _____ - _____ - _____ expiration date: _____ code: _____

Please charge: one-time donation: \$ _____ monthly donation: \$ _____ annual donation: \$ _____

SIGNATURE: _____ **Date:** _____

In Memory/Honor of: _____ **Relationship to SLOS Individual:** _____

For In Memory/Honor of Donations - please include the name and address of the person who should be notified that a donation was received:

