



MEMBERSHIP FORM

- Free of charge Friend Level Membership
- \$35 Basic One-Year U.S. Membership Fee/Renewal
- \$45 Basic One-Year International Membership Fee/Renewal
- Yes, Automatically Renew This Membership Every Year

Personal Information:

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Chapter Affiliation: _____

Please complete the following if you are purchasing a Champion Level Membership.

Your Billing Information (if different from above):

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Payment Information:

Name on Credit Card: _____ Card Type: Visa MC AmEx Discover

Credit Card Number: _____ Exp. (MM/YY): _____ CVV: _____

Signature: _____ Date: _____

*Please make checks payable to the National Scleroderma Foundation, and mail this form to:
National Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923-1389.*