



MEMBERSHIP FORM

- \$25 Basic One-Year U.S. Membership Fee/Renewal
- \$35 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 _____ **Yes**, sign me up for the free weekly eLetter!

Your Membership Benefits Include the Following:

- **A subscription to our member magazine, *Scleroderma VOICE*.** Published four times each year, the magazine features stories about persons living with scleroderma, updated research information, answers to your questions about scleroderma, and more.
- **Discount of the registration fee** for the National Scleroderma Conference.

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

Account 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.*