



## 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 Scleroderma Foundation, and mail this form to:  
Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923-1389.*