



**SCLERODERMA FOUNDATION MICHIGAN CHAPTER
MEMBERSHIP, 2008 PATIENT EDUCATION DAYS AND 2008 FALL EDUCATION EVENT
REGISTRATION FORM**

MEMBERSHIP REGISTRATION SECTION

Yes! Please enroll me as a member. I would like to become a:

Contributing Member at \$25 Sustaining Member at \$50 Supporting Member at \$100
 Sponsoring Member at \$500 Distinguished Member at \$1000 or more

I am a current member renewing my membership that expires later in the year.
 I am not sure if I am a current member; please have a Chapter representative contact me.
 I am a scleroderma patient unable to afford dues; please have a Chapter representative contact me.

PATIENT EDUCATION DAYS / FALL EDUCATION EVENT REGISTRATION SECTION

Yes! Please enroll me for the following 2008 Patient Education Days and/or Fall Education Event:

Sunday, February 17 Sunday, March 9 Sunday, May 4 Sunday, September 21

Each Patient Education Day has a per-person fee of \$10 for non-members. Patient Education Days are FREE for members at any level! Our Fall Education Event is FREE for members at \$50 or more; \$10 per-person for others.

Please select the options below that apply to you:

I am a member or have chosen a membership option above so my fees are waived for all events selected.
 I am not a member but wish to attend the Patient Education Days checked above and my total is \$____.
 I am not a member at \$50 or above but wish to attend the Fall Education Event and my total is \$____.

Would you like to also bring a guest/guests? If so, please also choose options below that apply to you:

I wish to also register ____guest(s) at \$10 per-person for Sunday, February 17.
 I wish to also register ____guest(s) at \$10 per-person for Sunday, March 9.
 I wish to also register ____guest(s) at \$10 per-person for the Sunday, May 4.
 I wish to also register ____guest(s) at \$10 per-person for the Sunday, September 21.

PAYMENT AND CONTACT INFORMATION SECTION

My total is as follows:

\$____ for the membership option selected above.
\$____ for my personal fee(s) for Patient Education Days / Fall Education Event selected above.
\$____ for my guest(s) fee(s) for Patient Education Days / Fall Education Event selected above.
\$____ Grand Total

I am enclosing a check made payable to the Scleroderma Foundation for my grand total.
 I wish to charge my grand total to my: American Express Visa MasterCard

Card Number _____ Expiration Date _____
Name on Card _____

IMPORTANT: Please fill out all of your contact information below:

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone: _____ Email: _____

Note: Help our Chapter save mailing expenses by providing your current e-mail address so that we may correspond with you about your membership and/or our events in an easy and cost-effective manner – thank you in advance!