



Scleroderma Membership Form

All 2009 memberships will be \$25.00 and the benefits will include entrance into all Patient Education Days and all Michigan Chapter mailings.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ E-Mail: _____

Home Phone: () _____

Alt Phone: () _____

Method of Payment: Cash: _____ Check: _____ Credit: _____

Credit Card Number: _____

Expiration Date: _____ Three Digit Number Security Code: _____

**There Is No Cure For Scleroderma
Together We Can Change That!**