



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: _____

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.
- **Discounts at patient education events** at both the chapter and national level. Each year, we bring together the leading scleroderma experts at our *National Patient Education Conference* to provide you with the latest information about the disease. This is your chance to meet one-on-one with doctors and other health professionals. Members receive \$50 off the registration fee!

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.*