



Lupus Foundation of America, Iowa Chapter Inc.  
P.O. Box 13174  
Des Moines, IA 50310-0174

## Membership Form

- \$15 Single       \$20 Family       \$200 Sponsor  
 \$250 Life

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- New Member       Renewal       Change of Address  
 *Please check if you do not want your name published in the newsletter.*

08/04