



Foundation of America, Inc.

MEMBERSHIP APPLICATION
Lupus Foundation of America, Inc
Columbus, Ohio - Marcy Zitron Chapter
6119 East Main St, Suite #207
Columbus, OH 43213
614-755-5077
http://www.lupusohio.org

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ County (if in Ohio) _____

Email Address: _____

MEMBERSHIP TYPE:

[] New [] Renewal

- [] Courtesy (for those with financial hardship)
[] Individual \$15.00
[] Family \$25.00
[] Sponsor \$50.00
[] Patron \$100.00
[] Lifetime \$500.00

Donation

Memorial

(Name: _____)

Payments for items checked on back

Total Enclosed

[] I am willing to volunteer some of my time to the Lupus Foundation of America, Inc.

OPTIONAL INFORMATION:

[] Lupus Patient Doctors Name: _____

[] Family Member [] Friend [] Health Professional

Age Group: [] Under 20 [] 20's [] 30's [] 40's [] 50's [] 60's [] 70's plus

The following FACTS ABOUT LUPUS brochures, produced by the Lupus Foundation of America Inc., are available without charge. Please enclose a large, stamped, self-address envelope for every three items ordered

- ___ What is Lupus?
___ Living Well with Lupus
___ Antimalarials and Lupus
___ Antiphospholipid Antibodies in Lupus
___ Cardiopulmonary Disease and Lupus
___ Depression and Lupus
___ Lupus and Infections and Immunizations
___ Blood Disorders in SLE
___ Medications
___ Men and Lupus
___ Laboratory Test and Lupus
___ Joint and Muscle Pain in Lupus
___ Central Nervous System
___ Pregnancy and Lupus
___ Kidney Disease and Lupus
___ Skin Disease and Lupus
___ Vasculitis and Lupus
___ Photosensitivity and Lupus

Make Checks Payable to the Lupus Foundation of America, Inc.
All contributions are tax deductible to the extent allowed by law

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