

Mail To:
 Lupus Foundation of America
 North Texas Chapter
 15660 N. Dallas Parkway, Ste. 120
 Dallas TX 75248



CONTACT INFORMATION:
 Phone: 469-374-0590
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 www.lupus-northtexas.org

	New Membership
	Renewal

MEMBERSHIP APPLICATION

Some of the benefits of membership include a Chapter Newsletter published four times per year which highlights articles on lupus, Chapter activities, upcoming meeting information, and items of interest to Chapter members, in addition to the National Magazine, "Lupus Now" published three times per year. The Lupus Foundation of America, North Texas Chapter is non-sectarian with membership open to all.

NAME: _____ DATE: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP _____

COUNTY: _____ E-MAIL: _____

PHONE #: _____ CELLULAR #: _____

Optional Information

Diagnosis:	
Doctor's Name:	

Please Check All That Apply

Lupus Patient
 Family Member
 Friend
 Health Professional
 Other _____

Age Group:
 Under 20
 20s
 30s
 40s
 50s
 60s
 70+

May we publish your name in Newsletters, etc. . . ?
 Yes
 No

MEMBERSHIP DUES

\$20 **Single**
 \$25 **Family**
 \$50 **Sponsor**
 \$100 **Supporting**
 \$1,000 **Lifetime**

I would like to receive my Newsletter by :
 Mail
 E-Mail

DONATIONS / MEMORIALS

A **Donation** of \$25
 \$50
 \$100
 \$250
 Other\$ _____ is given by _____

As a **Contribution** or a **Memorial**

For: _____ In Honor of: _____ In Memory of: _____

Please Notify: _____

Address: _____

Volunteer Profile

All information is confidential and will not be shared with or sold to any other organization.

Date: _____ First Name: _____ Last Name: _____

Apt #: _____ Street: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #: _____ Cellular #: _____ Fax#: _____

Email: _____ Website: _____

Do you have internet access at home? Yes No

May you need any special accommodations? Yes No _____

Do you have transportation? Yes No

What days are you able to volunteer? Mon Tues Wed Thur Fri Sat Sun

What time of day are you available? Morning Afternoon Evening Other: _____

Please list any occupation / skill that you would like to use to help the LFA North Texas Chapter: _____

Are you affiliated with any organizations that volunteer for community non-profits? Yes No

Comments: _____

Please check all categories that you are interested in volunteering:

Office work	
<input type="checkbox"/>	Health Fairs (<i>weekday</i>)
<input type="checkbox"/>	Health Fairs (<i>weekend</i>)
<input type="checkbox"/>	Seminars
<input type="checkbox"/>	Website
<input type="checkbox"/>	Newsletters Bulk-mail / Folding / Sorting
<input type="checkbox"/>	Digital Photography
<input type="checkbox"/>	AV Tech for Events
<input type="checkbox"/>	Media Relations
<input type="checkbox"/>	Volunteer Coordinator
<input type="checkbox"/>	Support Group Facilitator
<input type="checkbox"/>	Lupus Phone Friends
<input type="checkbox"/>	Health Resource Directory
<input type="checkbox"/>	Physicians Referral Coordinator
<input type="checkbox"/>	Hospital Visitation
<input type="checkbox"/>	Public Relations
<input type="checkbox"/>	Promotions
<input type="checkbox"/>	Spanish Information Coordinator
<input type="checkbox"/>	Spanish Translator
<input type="checkbox"/>	Spanish Translator at Events
<input type="checkbox"/>	Community Outreach Programs
<input type="checkbox"/>	Office Help (<i>weekday</i>)
<input type="checkbox"/>	Other:



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