

NJ LUPUS ANNUAL MEMBERSHIP FORM

PLEASE PRINT AND MAIL FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ E-MAIL: _____

PHONE NUMBER: _____

ANNUAL MEMBERSHIP YEAR 10/1 - 9/30

New Member

Renewal

AMOUNT:

Sponsor -\$100 Patron -\$50 Family -\$30 Single -\$20

I would like to give a gift membership to the attached name & address.

MAKE CHECKS PAYABLE TO LFA, NJ CHAPTER

Please print form and mail to:

Lupus Foundation of America, Inc.
New Jersey Chapter
PO Box 1184
Springfield, NJ 07081