



ANNUAL MEMBERSHIP FORM
October 1, 2020 thru September 30, 2021

☐ New Member ☐ Renewal ☐ Courtesy ☐ Donation

Amount: ☐ Sponsor (\$100) ☐ Patron (\$50) ☐ Family (\$30) ☐ Single (\$20)

Please return this form by email, fax, or mail.
You can also purchase your membership online at www.lupusnj.org

Name		
Street Address		Apt. No.
City		
County		
State		
Zip Code		
Telephone	<input type="checkbox"/> Home	<input type="checkbox"/> Office
Facsimile	<input type="checkbox"/> Home	<input type="checkbox"/> Office
Email	<input type="checkbox"/> Home	<input type="checkbox"/> Office
Other (please specify)		
Your Signature to Opt Out of Email		

If you would like to charge your membership please fill out the following:

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

CSC# _____ (3 or 4 digit security #) Expiration Date _____ Amount \$ _____.

Card No. _____

Signature _____

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

Please make checks payable to LFANJ.

Please email, fax, or mail to:
Lupus Foundation of America, New Jersey Chapter, Inc.
65 E. Northfield Road, Unit D, 1L, Livingston, NJ 07039
Telephone 973.379.3226 • Fax 973.992.5840 • Email info@lupusnj.org