MAIL TO:

NAME:

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__ DATE: ____

| New Membership |
|----------------|
| Renewal |

MEMBERSHIP APPLICATION

Benefits of membership include Chapter Newsletter published every month which highlights articles on lupus, Chapter activities, upcoming meeting information, and items of interest, in addition to the National Magazine, *Lupus Now* published three times per year. The Lupus Foundation of America, Lone Star Chapter is non-sectarian organization with membership open to all.

| APT. #: | | |
|---|--|--|
| STATE: ZIP: | | |
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| | | |
| Diagnosis: Doctor's Name: | | |
| | | |
| Please Check All That Apply | | |
| Other | | |
| 50s60+ | | |
| Chapter Newsletter "Lupus News" is sent to members via e-mail each month. | | |
| MEMBERSHIP DUES | | |
| \$1,000 Lifetime | | |
| Enclosed is my check Charge my Credit Card Visa M/C A/E Disc | | |
| Credit Card Number: Expiration Date: | | |
| DONATIONS / MEMORIALS | | |
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| Contribution or as a: Memorial | | |
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