

**SJÖGREN'S SYNDROME ASSOCIATION  
MEMBERSHIP APPLICATION**

Membership: \$30.00 (valid for one year)

Renewal: \_\_\_\_\_ New member \_\_\_\_\_

Donation:

Patron: \$50.00 \_\_\_\_\_ Sponsor: \$100.00 \_\_\_\_\_ More: \$ \_\_\_\_\_  
(An income tax receipt will be issued automatically for donations of \$15.00 or more)

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Last name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt.: \_\_\_\_\_ City: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Sjögren's Syndrome patient: \_\_\_\_\_

Friend or relative of SS patient \_\_\_\_\_

Other \_\_\_\_\_

Please print this application and send with your cheque or money order to:

**SJÖGREN'S SYNDROME ASSOCIATION INC.**

3155 Hochelaga, suite 001  
Montreal, Quebec H1W 1G4  
Telephone: 514-934-3666  
Toll free: 1-877-934-3666  
Fax: 514-934-1241  
[Sjogren.montreal@qc.aira.com](mailto:Sjogren.montreal@qc.aira.com)