



# Sjögren's Syndrome Association inc.

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## ANNUAL (1 YEAR) OR BISANNUAL (2 YEARS) MEMBERSHIP

Please make your cheque payable to: Sjögren's Syndrome Association and forward it with this completed form to the following address:

First name : \_\_\_\_\_ Name : \_\_\_\_\_

First name : \_\_\_\_\_ Name : \_\_\_\_\_

OF SPOUSE

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Member N°: \_\_\_\_\_

I have Sjogren's syndrome  I am a parent or friend of a person with Sjogren's syndrome

Membership for the year : \_\_\_\_\_  Renewal  New member

I enclose my fee as an individual: \$30/1 year  \$50/2 years  \$ \_\_\_\_\_

I enclose my fee as a member with spouse: \$45/1 year  \$80/2 years  \$ \_\_\_\_\_

I wish to receive the newsletter «The Sjögren's»: by mail  by email

**DONATION**  Patron \$50  Sponsor \$100 and over  amount \$ \_\_\_\_\_

*An income tax receipt will be issued automatically for donations of \$15 and more. N° 89059 3734 RR0001*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL

### THE FOLLOWING QUESTIONNAIRE IS OPTIONAL

*These data are essential to our cause and will be used for statistical purposes and to better know your expectations. They are confidential.*

I have Sjogren's syndrome <sup>1</sup>: YES\*  NO  \*If yes, when was he diagnosed? \_\_\_\_\_

According to you, when did your syndrome start? \_\_\_\_\_

<sup>1</sup> Which of the forms : **Primary**  ou **Secondary** <sup>2</sup>

<sup>2</sup> If secondary from wich other forms of arthritis do you suffer?:

•Rheumatoid arthritis : YES\*  NO  \*If yes, when was he diagnosed? \_\_\_\_\_

•Lupus: YES\*  NO  \*If yes, when was he diagnosed? \_\_\_\_\_

•Ankylosing : YES\*  NO  \*If yes, when was he diagnosed? \_\_\_\_\_

•Scleroderma <sup>3</sup>: YES\*  NO  \*If yes, when was he diagnosed? \_\_\_\_\_

<sup>3</sup> What Form : Limited CREST  Intermediate  Diffuse

•Phenomenon of Raynaud : YES\*  NO  \*If yes, when was he diagnosed? \_\_\_\_\_

•Other : \_\_\_\_\_ \*If yes, when was he diagnosed? \_\_\_\_\_

What are you expecting from the Association? What would you like to find in particular? \_\_\_\_\_