

Sjögren's Syndrome Association Inc.
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MEMBERSHIP FORM FOR: 1 YEAR - 2 YEARS - 3 YEARS - 4 YEARS - 5 YEARS

First name:	Address:	ars	
Address:	Address:		
Email:	Email:		
I would like to subscribe to the newsletter Renewal New membership I have Sjogren's syndrome I am a parent or friend of a person with Sjogren's syndrome I agree for: 1 year/\$30 2 years/\$50 3 years/\$70 4 Years/\$85 5 years/\$100 \$ I would like to receive the Association's newsletter: By mail By email I want to make a donate to the I'ASS: \$15 \$25 \$50 \$75 \$100 or other * Official receipt for donations no. 89059 3734 RR0001. Membership fees are not tax deductible. AUTHORIZATION:	I would like to subscribe to the newsletter Renewal New membership I have Sjogren's syndrome I am a parent or friend of a person with Sjogren's syndrome I agree for: 1 year/\$30 2 years/\$50 3 years/\$70 4 Years/\$85 5 years/\$100 I would like to receive the Association's newsletter: By mail By email Want to make a donate to the I'ASS: \$15 \$25 \$50 \$75 \$100 or other		
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I agree for: 1 year/\$30	I agree for: 1 year/\$30		
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	•Phenomenon of Raynaud : YES* □ NO □ *If yes, when was it diagnosed?		
What do you expect from the Association? What would you like to learn or understand better?	•Other : *If yes, when was it diagnosed?		
<u></u>	What do you expect from the Association? What would you like to learn or understand better?		