



Sjögren's Syndrome Association Inc.

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MEMBERSHIP FORM FOR : 1 YEAR - 2 YEARS - 3 YEARS - 4 YEARS - 5 YEARS

1996 - 2024

Please complete this form and send it with your payment
by cheque to the above address or by Interac transfer to sjogrenquebec@gmail.com

28 years

First name: _____ Last name : _____

Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Member N°: _____

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 l'ASS: \$15 \$25 \$50 \$75 \$100 or other _____ \$

* Official receipt for donations no. 89059 3734 RR0001. Membership fees are not tax deductible.

AUTHORIZATION: I authorize the Sjögren's Syndrome Association to use photos in which I could appear in its publications. It should be noted that these photos have the sole purpose of showing an activity in progress and not to identify an individual in particular.
I authorize
I refuse

Signature: _____ Date: _____ \$

THE FOLLOWING QUESTIONNAIRE IS OPTIONAL

This data is useful to our cause and will be used for statistical purposes and to better know your expectations. They are confidential.

TOTAL

I have Sjogren's syndrome ¹: YES* NO *If yes, when was it diagnosed? _____

According to you, when did your syndrome start? _____

¹ Which of the forms : Primary ou Secondary ²

² If secondary, what other arthritic disease(s) do you have ?

•Rheumatoid arthritis : YES* NO *If yes, when was it diagnosed? _____

•Lupus: YES* NO *If yes, when was it diagnosed? _____

•Myosite : YES* NO *If yes, when was it diagnosed? _____

•Scleroderma ³: YES* NO *If yes, when was it diagnosed? _____

³ What Form : Limited CREST Intermediate Diffuse

•Phenomenon of Raynaud : YES* NO *If yes, when was it diagnosed? _____

•Other : _____ *If yes, when was it diagnosed? _____

What do you expect from the Association? What would you like to learn or understand better? _____