

LFG MEMBERSHIP FORM

To become a member please complete and return this form:
Lupus Foundation of Grenada
P.O. Box 1809, Grand Anse, St. George's, Grenada WI

Surname _____	First Name _____
Address (Home) _____	
Address (Postal) _____	
Tel. No. _____	Work _____
Mobile No. _____	Email _____
Date of birth _____	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Next of Kin _____	Relationship _____
Address _____	Tel. No. _____

Please tick the box if a doctor has diagnosed you as having:

- | | |
|---|--|
| <input type="checkbox"/> Systemic Lupus Erythematosus (SLE) | <input type="checkbox"/> Discoid Lupus |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Other _____ | |

If above question does not apply to you, give reason for joining the Association:

Membership Fees (*per annum*): Individual \$30.00 Family \$75.00 (*Max. 4 persons*)
Corporate \$200.00 Donation

Please tick as appropriate.

New Member Complete form above

Renewal (YEAR) Detach & return lower portion only

Renewal (YEAR) Complete form above (With change of information)

Please Print Name

Signature