

MEMBERSHIP FORM



Celiac Sprue Association®

Fox Valley Celiacs (FVC) Support Group

Chapter 26 of the Celiac Sprue Association, a non-profit organization

FVC is a local resource for information on Celiac Disease and Dermatitis Herpetiformis.

JOIN TODAY

Dues: \$10.00 Jan. thru June, \$5.00 July thru Dec.

Renewals: \$10/year; due in January. Multiple year payments accepted.

Make check payable to: "Fox Valley Celiacs"

Mail check and form to: Bob Huiting, Treasurer, 1424 Admiral Ct. Apt 606, Green Bay, WI 54303.

Name:	Spouse's Name:
Address:	Home Phone:
City, State, Zip Code:	Work Phone:
E-Mail:	Cell Phone:

Please list **yourself** and all members of your **immediate household** who have Celiac Disease.

Name	Birth Date	Diagnosed by (name of physician)	When (year)	Diabetic?	Dermatitis Herpetiformis?

All information is confidential and never shared or sold to any outside individual or organization!

I authorize FVC to share my contact information for official chapter business only. _____
(Please initial)

I do not want to be listed on a printed FVC membership roster. _____
(Please initial)

Paid by check # _____ \$ _____ Paid by cash \$ _____ Date _____

For information on the Celiac Sprue Association
 Call: 1-877-CSA-4-CSA, or visit the website www.csaceliacs.org
Are you presently a member of CSA? Yes ___ No ___

For official use by FVC only

New-Member Packet handed out: Yes ___ Date _____ No ___

Notes: _____