

Membership Form

Name/s: _____

Address: _____

E-mail: _____

Telephone: _____

Please Check One:

- MG Patient
- Relative of MG Patient
- Friend of MG Patient
- Professional
- Other _____

Would you like to be included in our Circle of Friends list so that others with MG who live in your area may contact you? ____ (If yes, you will be sent a consent form in the mail)

Please ____ Mail ____ E-mail me the newsletter.

Please remove me from the mailing list, I no longer wish to receive the newsletter. ____

Enclosed are my annual membership dues: _____ \$25.00

I am enclosing an additional donation of: _____

Total Enclosed: \$_____

Dues waiver requested _____

You may complete this form and mail with your check payable to:

MGFA – Great Lakes Chapter
2660 Horizon Dr. SE, Suite 235
Grand Rapids, MI 49546

The MGFA is a 501 (c) (3) charity and as such donations to our Chapter are tax deductible. Your contributions support the work we do and the mission of MGFA. If you would like to make a donation in honor or in memory of some one, we can send an acknowledgement (no amount indicated). Please complete the following:

In honor of: _____

In memory of: _____

Occasion (birthday, holiday, anniversary, etc.): _____

From: Name _____

Please acknowledge to:

Name: _____

Address: _____