



## Join the Sjögren's Syndrome Foundation Help Conquer Sjögren's Syndrome!

To become a member of the Sjögren's Syndrome Foundation, please complete the information below and send this form, with your check or credit card information, to: Sjögren's Syndrome Foundation c/o BB&T Bank, PO Box 890612, Charlotte NC 28289-0612 or by fax to 301-718-0322 (credit card payments only). *All checks should be made payable to Sjögren's Syndrome Foundation.*

**Yes, I want to do my part! Sign me up for a 1 year membership to the Sjögren's Syndrome Foundation.** (Includes 11 issues of *The Moisture Seekers* newsletter)

**Dues:**  \$32 US  \$38 Canada  \$45 Overseas  \$50 Healthcare Professional

**Please consider an additional contribution:**

\$10  \$25  \$50  \$75  \$100  \$250  \$500

Dr.  Mr.  Mrs.  Ms.      First Name              Middle Initial              Last Name

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**CONQUERING A SERIOUS AUTOIMMUNE  
DISEASE AFFECTING 4,000,000 AMERICANS**

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phone 301-718-0300      website [www.sjogrens.org](http://www.sjogrens.org)  
fax 301-718-0300      email [ssf@sjogrens.org](mailto:ssf@sjogrens.org)