



# Sjögren's Syndrome Association Inc.

706 Laurier Street, Suite 100A, Beloeil, Quebec, Canada J3G 4J6

Tél. : (514) 934-3666 Toll-free : 1 877 934-3666

E-mail : [sjogrenquebec@gmail.com](mailto:sjogrenquebec@gmail.com) - Website : [sjogrens.ca](http://sjogrens.ca)

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

1996 - 2025

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

29 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 ☐

I refuse ☐

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ \$

TOTAL

### 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.

I have Sjogren's syndrome <sup>1</sup>: YES\* ☐ NO ☐ \*If yes, when was it diagnosed? \_\_\_\_\_

According to you, when did your syndrome start? \_\_\_\_\_

<sup>1</sup> Which of the forms : Primary ☐ ou Secondary <sup>2</sup> ☐

<sup>2</sup> 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 <sup>3</sup>: YES\* ☐ NO ☐ \*If yes, when was it diagnosed? \_\_\_\_\_

<sup>3</sup> 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? \_\_\_\_\_