

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

1996 - 2026

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

30 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: _____ \$

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 disease¹: YES* ☐ NO ☐ *If yes, when was it diagnosed? _____

According to you, when did your disease start? _____

¹ Which of the forms : **Primary** ☐ ou **Secondary**² ☐

² 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? _____

•Scleroderma³: YES* ☐ NO ☐ *If yes, when was it diagnosed? _____

³ 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? _____