

Membership Form & Request for Information

Yes. I want to take control of my arthritis by joining the New York Chapter of the Arthritis Foundation.

Por favor, mándeme la información en español.

Please start my subscriptions to the *New York Arthritis Reporter* and *Arthritis Today*. Enclosed is my tax-deductible gift of \$20 or more.

Regular Member \$20.00

Contributing Member \$30.00

Sustaining Member \$50.00

Sponsoring Member \$100.00

Leadership Member \$250.00

Other _____

Please send me more information on the topics I've checked:

Exercise Programs

Support Groups

Symposia and Public Forums

Estate Planning

Publications List

Special Events

Self-Help Courses

Volunteering

Please send me my free copy of *Arthritis Answers*.

Name: _____

Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____