



New Jersey ME/CFS Association, Inc.

DBA. New Jersey Chronic Fatigue Syndrome Association, Inc. 501(c)(3) not for profit

MEMBERSHIP & CHARITABLE CONTRIBUTION FORM

For those who prefer to renew/renew/donate by mail

Annual Dues: New member Renewal \$ 30.00

Membership dues go the General Fund.

Additional Tax Deductible Contribution: \$25 \$50 \$100 Other \$ _____

Apply additional amount to General Fund High School Scholarship

Research Medical Scholarship

Child/Teen Relief

*The General Fund supports the daily activities of the organization.

*Become a Pillar of NJME/CFSA: Contribute \$100 or more to the General Fund.

Total Membership Fee and Charitable Contribution \$ _____

NOTE:

Your membership dues help us to provide ongoing services and benefits to our members. Those requesting reduced dues are asked to return this renewal form yearly with a brief reason for reduced rate request.

Member Information:

Please Circle One: PATIENT SUSPECTED PATIENT FAMILY FRIEND OTHER

Name _____ Phone (____) _____

Address _____ County _____

City _____ State _____ Zip _____

Email

PRINT clearly. Even great handwriting can be difficult to read. You can also send an email to helpdesk@gmail.com from your desired email address to be sure it is entered correctly.