



The Mastocytosis Society

Annual Membership Application Form

Applicant information (please type or print):

To print this application form, press Ctrl+P (Windows) or Cmd+P (OS X).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____ E-mail: _____

Is this a New Membership or a Renewal Membership

Membership information:

Membership type: Individual Family

Patient's name: (if different from above) _____ Child? Yes No

Additional family member names: _____

Preferred newsletter distribution method: E-mail U.S. Mail International Mail

Would you consent to having your contact information available to other patients and caregivers upon request? Yes No

Would you like to receive information about support groups in your area? Yes No

Would you like to volunteer to host a support group meeting or organize a new support group in your area? Yes No

Please chose your payment method: Check or money order Credit card or PayPal™

Would you like to double your annual contribution to include a donation to the *Angel Fund* for individuals unable to pay the annual membership fee? Yes No

Make check or money order payable to **The Mastocytosis Society** or **TMS**, and mail to:
The Mastocytosis Society, c/o Treasurer, P.O. Box 731 Brenham, TX 77834-0731.

To pay online with credit card or PayPal™, click on the appropriate **Join TMS \$** button(s) on the *Join TMS* Web page and enter the appropriate donation amount where requested.

Total amount to be paid: _____ (for example, \$35 dues plus one (1) Angel Fund donation of \$35 is \$70 total)

If you are unable to afford to pay dues at this time, the board of directors may waive dues. Would you like to request a waiver of dues? Yes No

The Mastocytosis Society is a 501(c)(3) non-profit organization dedicated to helping patients, caregivers and health care professionals understand mast cell disorders — what they are, where to get treatment for them, and the impact they have on patient's lives.