



# The Mastocytosis Society

## Annual Membership Application Form

**Applicant information (please type or print):**

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.*