



**PO BOX 373
Warners Bay NSW 2282**

**Application Form
New Membership or Renewal**

Name:

Address:

.....

Email:

Phone:

Do you have: Scleroderma Lupus

Sjogrens Raynauds

Other Autoimmune Illness

Fee payable:
(\$20 per annum)

Membership is for 12 months from
May 1st to April 30th.

**Please make cheques payable to:
Scleroderma/Lupus Support Society**

