ASSOCATION FOR GLYCOGEN STORAGE DISEASE

DUES ARE DUE January 1 (last deadline—before March 1)

_____
Name(s) for membership, PLEASE print or type

_____
Address

_____
Address

_____
City, State, Zip +4

_____
(area code) phone number

_____
Email

_____
Physician

Annual dues—Active Member $20 _____
Any $20 dues received **on/after deadline** will be processed as Associate Member (Dues $15 + General Fund $5)

Annual Dues—Associate Member $15 _____

Professional Lifetime Dues $300 _____
(Only for our GSD Professionals)

Please defer my dues _____

Donations are TAX DEDUCTIBLE
General Fund _____
Scholarship Fund _____
Family Assistance Fund _____
Research Fund _____
Conference Fund _____

GRAND TOTAL _____

Checks must be payable to: **Association for Glycogen Storage Disease** (or **AGSD**). Only **US FUNDS** will be accepted. *OUR BANKING INSTITUTION WILL ONLY GIVE FULL VALUE ON A BANK MONEY ORDER.*

Please mail to: Hollie Swain
611 Wisconsin Ave
Davenport IA 52804

_____ New Membership _____ Renewal

My involvement with the AGSD is (please circle one) Parent Self Professional Relational

I/we give permission to use my/our name(s) on the appropriate lists _____YES _____NO

Please list my affected child(ren)'s birthdate(s) as follows: _____
Please send my newsletter (*The Ray*) by email to: _____

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