

Lupus Foundation of America
Georgia Chapter, Inc.
1800 Lake Park Drive, Suite 101
Smyrna, GA 30080



MEMBERSHIP APPLICATION

First Name _____

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I would like to continue to receive my copies of LUPUS NOW and join as:

- Individual/Family - \$35
- Sponsor - \$75

I do not wish to join, but would like to make a donation.

Please accept my donation for \$ _____

Please complete the application and mail your check payable to The Lupus Foundation to:

Lupus Foundation of America
Georgia Chapter, Inc.
1800 Lake Park Drive, Suite 101
Smyrna, GA 30080

For more information or questions on membership, email us at info@lfaga.org or call our office at 770-333-5930.