



SJOGREN'S SYNDROME NEW ZEALAND SOCIETY INC
Application For Membership:

The Membership Subscription is \$40.00 per year. Please contact the organisation if this causes hardship.

Would you like to be on our mailing list to receive the newsletters? Yes/No

Are you able receive the newsletters by email? Yes/No

We are happy to send the newsletters to you, even if you haven't been diagnosed with Sjogren's Syndrome.

Name: _____

Address: _____

_____ Area Code: _____

Email: _____

Telephone: _____

I have been diagnosed with Sjogren's Syndrome by

- General Practitioner
- Medical Specialist
- Dentist
- Dental Specialist
- Eye Specialist
- Otolaryngologist (Ear, Nose & Throat)
- Other

If you want to receive the newsletters, please sign & return this form.

Signature: _____

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Sjogren's Syndrome New Zealand is a voluntary organisation; our operating costs are meet by your donations and membership subscription fees