

National Fibromyalgia Partnership, Inc.

MEMBERSHIP FORM

New Membership--U.S./Canada/Mexico (\$18/yr. U.S. dollars)

New Membership--All Other Countries (\$25/yr. U.S. dollars)

OR

Renewal--U.S./Canada/Mexico (\$18/yr. U.S. dollars)

Renewal--All Other Countries (\$25/yr. U.S. dollars)

Please mail the new member packet and all future newsletters to: [PLEASE PRINT]

Name: _____

Address: _____

City: _____ **State/Province:** _____ **Postal Code:** _____

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Please check here if this is a gift membership or renewal.

If membership is a gift, include your name and address below:

Name: _____

Address: _____

City: _____ **State/Province:** _____ **Postal Code:** _____

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Please make your check or money order payable to "NFP, Inc."

Your new member packet will be mailed to you right away.

Mail this form to: NFP, Inc., P.O. Box 2355, Centreville, VA 20122 USA. Thank you!