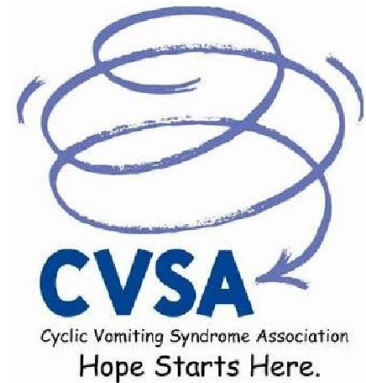


CYCLIC VOMITING SYNDROME ASSOCIATION MEMBERSHIP APPLICATION

Your annual membership expires 1 year from the month you joined.



MEMBERSHIP OPTIONS

Please check one:

- \$75 Individual / Family (**one year**)
- \$130 Individual / Family (**two years**)
- \$35 Discounted Membership (**1 year**) – [Because we recognize that CVS can often cause financial hardship, we offer a discounted membership of \$35.00/year. The discounted membership contains full benefits.]

I would like to donate \$_____ in addition to dues to support ongoing efforts.

MEMBER INFORMATION

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ Country (if outside USA): _____ Email: _____

OPTIONAL INFORMATION

Patient Name: _____ Date of Birth: _____ Age at onset: _____

Comments / other medical problems: _____

How did you hear about CVSA? _____

PAYMENT / DONATION OPTIONS

- Check (made payable to "CVSA")
- Credit card: Visa MasterCard Discover Card Card #: _____ Exp date: _____
CVV Number _____

Cardholder Name: _____ Signature: _____

Billing address (if different from mailing address above):

Please make check payable to CVSA and mail to:

CVSA

P.O. Box 270341, Milwaukee, WI 53227

P: 414-342-7880 F: 414-342-8980 [Email: cvsa@cvsaonline.org](mailto:cvsa@cvsaonline.org)

You may also become a member online at: www.cvsaonline.org

CVSA was founded in 1993 by parents and professionals. "CVSA raises awareness and provides education and support to those affected by cyclic vomiting, abdominal migraine, and related disorders while advocating for and funding research." CVSA is a non-profit, volunteer organization (501(c) 3)

If you have recently sent in your membership fees, why not consider a tax-deductible donation in support of CVSA!