

Houston Celiac Support Group

www.houstonceliacs.org

MEMBERSHIP FORM 2015

Renewal (or only newsletters) - \$20 { } New Full Membership -\$25 { }

Name _____

Address _____

City _____ State _____ Zip _____

Phone, home _____ Phone, work: _____

*E-mail address, please confirm: _____

*We need to confirm your current address. Also, we intend to e-mail newsletters now in order to save money. If you want a hard copy, please let us know below.

(1) OK to send newsletter via e-mail: YES (); or

(2) Please send a hard copy to my address above: YES ()

*Gastroenterologist (Houston area) (please confirm) _____

ENCLOSED IS MY FULL MEMBERSHIP CHECK FOR \$25 or RENEWAL MEMBERSHIP CHECK FOR \$20, payable to Houston Celiac Support Group. Please mail check to: (Treasurer) L.B. Newman, 1530 Orchard Park Drive, Houston, TX 77077-1569; phone: 281-493-3185.

Donations are always welcome and very much appreciated. Your donation is tax deductible because CSA/USA is a non-profit {501- 3(C)}organization. Thanks again.

The member/patient is: () baby, () child, () teenager --

Date of Birth of child: _____; () adult; () has DH.

How was patient diagnosed: () Biopsy; () Antibody Blood Tests;

() Elimination diet, () Self-diagnosed; () Other {please explain}:

Other food intolerances or conditions: _____

GF DINING CLUB: Interested in being notified about new Dining Club events:

() Yes. (Usually for adult members and their guests)

SUGGESTIONS FOR PROGRAMS _____

Thank you for your renewal or new membership! We hope we are and have been responsive to your needs. We appreciate your suggestions and ideas for programs.
Thanks, Janet (281-679-7608)