



ALBUQUERQUE GLUTEN INTOLERANCE SUPPORT GROUP (AGISG)
CELIAC SPRUE ASSOCIATION/USA, INC., CHAPTER #53
"CELIACS HELPING CELIACS"

NEW MEMBER REGISTRATION FORM

Name _____ Date _____
(Please print clearly)

Address _____

City, State _____ ZIP Code + 4 _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail address _____

New membership for those receiving newsletter via e-mail \$ 0.00

New membership for those receiving newsletter via US Mail \$ 0.00
(Please do not choose this option if you can receive the newsletter via e-mail)

Optional contribution \$ _____

TOTAL AMOUNT PAID: \$ _____

Where did you learn about our support group? _____

For our database use only, please check the appropriate box(es) below:

Celiac Dermatitis Herpetiformis Allergic to Wheat

Other/Comments: _____

Email members receive the quarterly newsletter (4 times a year) plus additional information via email. The additional information that is emailed to email members will be included in a subsequent issue of the newsletter for members receiving the newsletter via US Mail. Please do not choose to receive your newsletter via US Mail if you have an email address, as this allows us to spend our valuable funds on outreach and other worthwhile endeavors instead of postage.

Prospective members may attend a potluck meeting to meet the members and return this form. This form may also be mailed to Mary Ann Biernat, 12113 El Dorado Pl. NE, Albuquerque, NM 87111-4059. Please make checks payable to Albuquerque Gluten Intolerance Support Group Group or AGISG. If you have questions regarding this form, please call our Treasurer, Mary Ann Biernat at 292-5384.