Membership Form

Name: Ms./Mrs./Mr.
Date of Birth: (DD/MM/YY) Age (in years):
Occupation:
Patient/Family Member/Volunteer/Healthcare Professional/other (specify)
Patients please Tick mark your illness:
Sjögren's syndrome (SS)/ Lupus (SLE)/ Scleroderma/ Myositis/ RA with SS

Postal Address:
City:
Taluka:
District:
State:
Pin code:
Tel: (R) (O) (M)
E-mail:
Signature: Date:

Sjögren’s India Membership Fee of Rs. 300/- may be sent by DD or cheque drawn in favour of Sjögren’s India. Please write your name and city on the back of the cheque and send to:
701, Vatsaraj, Opp. Shraddha School, Jodhpur Gam Road, Ahmedabad-380015, Gujarat.
Tel +91–79 –26922254

*Sjögren’s India is a voluntary initiative managed by patients. Additional Contributions to support our cause may be sent by separate cheque/DD in favour of ‘Sjögren’s India’ to the above address*