



®The Myasthenia Gravis Association of Colorado
Mail to MGA P.O. Box 390083 Denver, CO. 80239

Membership Application 2010 Membership # _____

Name _____ Birth Day _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email address _____

Do you want to get Support Group reminder card by email ____ Yes ____ No

Do you want your newsletter by email ____ Yes ____ No

Amount Due \$30.00 Regular Membership

Mail to MGA P.O. Box 390083 Denver, CO. 80239 **All Contributions are Tax**

Deductible

Additional Donations: Total Enclosed \$ _____

Companion Membership (Same address as Member) \$10.00

Name _____ Birth Day _____

Gift Membership (Different Address full member) \$30.00

Name _____ Birth Day _____

Address _____ City _____ State _____ Zip _____

Research _____ Honor/Memorial _____

Support _____ Name _____

Address _____

City _____ State _____ Zip Code _____

(Keep this half as your receipt)

Date Sent _____ MGA P.O. Box 390083 Denver, Co. 80239

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Birth Date _____

Additional Donations: Total Enclosed \$ _____

Companion Membership (Same address as Member) \$10.00

Name _____ Birth Day _____

Gift Membership (Different Address full member) \$30.00

Name _____ Birth Day _____

Address _____ City _____ State _____ Zip _____

Research _____ Honor/Memorial Name _____

Support _____ Address _____

City _____ State _____ Zip Code _____

All Contributions are Tax Deductible