



## South Florida Celiac Support Group

### Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail address: \_\_\_\_\_

Other mailing address & dates that you are there:

\_\_\_\_\_

Do you have children with celiac disease? If yes,

Name(s) \_\_\_\_\_

Age(s) \_\_\_\_\_

Would you be interested in a leadership position? Yes \_\_\_ No \_\_\_

**\*Dues for 2013 will be a donation of \$20 per family**

Please make checks payable to *South Florida Celiac Support Group(SFCSG)* and mail to:

Larry Bloch

35B Westgate Lane

Boynton Beach, FL 33436

For additional information please call Phyllis Kessler at 561-637-0396

or visit us on the web at [www.southfloridaceliacsupport.org](http://www.southfloridaceliacsupport.org)

**\*dues are tax deductible to the extent of the law.**