



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 2015 will be a donation of \$20 per family**

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

Madeline Bennett

11214 Misty Ridge Way

Boynton Beach, FL 33473

For additional information please call:

Ira Gulker at (561) 912-9471 or Nancy Hoffman at (754) 222-9392

or visit us on the web at www.southfloridaceliacsupport.org

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