

I (we) would like to join the Greater Louisville Celiac Chapter #68

DATE: _____

NAME: _____

SPOUSE/PARENT: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

*E-MAIL): _____

Circle one: ADULT TEEN CHILD

Please make your check payable to: GLCC/CSA

Mail to: Greater Louisville Celiac Chapter/CSA
PO Box 7194 Louisville, KY 40257-0194

New Member \$20 _____ Renewal \$15 _____

I am interested in more information:

___ DH (Dermatitis Herpetiformis)

___ Celiac Disease and school age children

___ Cooking Classes

___ Other – please list _____

I would like to help this group with:

___ Advocacy/Community Awareness

___ Social Functions (picnic, holiday party, eating out with members, child/parent get-togethers, etc.)

___ Hospitality (help with refreshments at meetings)

___ Other – please list _____