MEMBERSHIP FORM

The Tri County Celiac Support Group (TCCSG) is a non-profit organization for all of those living a gluten-free lifestyle, from the individual to those whose lives or professions touch those lives. Being a vibrant group there are many leadership opportunities as we plan new and better ways to provide the support so many need. We welcome all interested people to share their talents to help provide a support network and new opportunities and avenues to be a resource in the community. All prospective members of the TCCSG are required to complete this membership form and payment and return to **TCCSG ▪ Diane Moon ▪ 41852 Chattman Dr ▪ Novi, MI 48375**. PLEASE PRINT CLEARLY and fill out completely.

If you have questions about membership information, please contact Diane Moon at membership@tccsg.com or visit http://www.tccsg.com for more information.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	**Mr. Mrs. Miss Ms. Dr. Other, specify:**		
FULL NAME			
ADDRESS		**PHONE #**	
CITY/ST/ZIP		**WORK #**	
EMAIL		**CELL #**	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	ANNUAL MEMBERSHIP DUES	PLEASE INDICATE TYPE
NEW	NEW Membership 3 Year NEW Membership	$30 $65	
RENEWAL	Membership RENEWAL 3 Year Membership RENEWAL	$25 $60	
PAYMENT METHOD	Cash Check Other	**Make checks payable to: TCCSG**	

SECTION 3: MEMBER INFORMATION

WHAT IS YOUR REASON FOR LIVING GLUTEN-FREE? (CD, DH, other):
YEAR DIAGNOSED: BIRTHDATE:
OTHER HEALTH ISSUES?
WHO ELSE WILL BE INCLUDED IN YOUR MEMBERSHIP (Immediate family only, name/relationship)
How would you like to volunteer some of your time with TCCSG: Newsletter Website Children Young Adult Older Adult Food Fair Run/Walk TCCSG Board Other _____ WOULD YOU LIKE TO RECEIVE THE TCCSG NEWSLETTER VIA EMAIL? Yes No, I want it mailed

The information provided above will be used only by the TCCSG. It will also be used to keep you informed about future activities and events. I agree to pay Annual Membership dues upon my commitment to the TCCSG.
Do you agree to allow your contact information to be shared with other TCCSG members? Yes No, thanks (please circle)

SIGNATURE		**DATE**	

FOR TCCSG USE ONLY:

Date Received	Payment	Membership Type		Membership #		Entered into DB	Renewal Date