



FARNY

FARNY MEMBERSHIP FORM

New Membership

Renewal

Name _____

Address _____

Post Office, State, Zip Code _____

Home Phone _____ Work or Cell Phone _____

Email Address _____

What Topics/Speakers would you be interested in hearing at future meetings? _____

Volunteers Needed! Great way to make new fibro friends.

Greeter

Health Fairs

Board Member

Phone friend

Membership dues are used toward operational expenses, including telephone, website, mailing and copying costs, office supplies, connections with other Fibromyalgia organizations, research, and Fibromyalgia educational materials.

Check your mailing label for the date your dues are due for renewal.

\$ 25.00 Annual Dues

_____ Additional Tax Deductible Donation

Please send your check along with this completed form to:

FARNY
P. O. BOX 90331
Rochester, NY 14609 – 0331

Questions? Please leave message at 585-234-9416 or email info@farny.org

See our website at <http://www.farny.org>