

TUCSON ARTHRITIS SUPPORT LEAGUE MEMBERSHIP/RENEWAL FORM

NAME		
ADDRESS	CITY	ZIP
SPOUSE'S NAME	-	
E-MAIL ADDRESS	·	
HOME PHONE		
CELL PHONE		
BIRTHDAY		
REFERRED BY		
INITIAL MEMBERSHIP DATE		
		NEW MEMBER
Make checks payable to TASL a TASL Vice President – Membership P.O. Box 31164 Tucson, AZ 85751	ind send to:	
Please mark at least two TASL a	ctivities you would be	e interested in:
ARTS AND CRAFTS (3rd Frid SCHOLARSHIP COMMITTEE LUNCHEON HOSTESS PHONE COMMITTEE MEMBERSHIP FUND-RAISING EVENTS AUCTION PUBLIC RELATIONS SCHOLARSHIP SPRING LUN COFFEE FOR NEW MEMBE WEBSITE NEWSLETTER	E ICHEON FUNDRAISER	
ARTS/CRAFTS HOLIDAY PA	RTY	

Please tell us if you have computer, bookkeeping, organizational and/or fundraising skills.