CALIFORNIA LYME DISEASE ASSOCIATION

MEMBERSHIP SIGN UP FORM

Please check the items desired & enter the total amount:

Check Item		Annual Amount	**Enter Amount**
	Basic Membership (US Only)	$ 35.00	
	Supporting Membership	$ 50.00	
	Sustaining Membership	$ 100.00	
	Patron Membership	$ 250.00	
	Champion Membership	$ 500.00	
	Gold Circle Membership	$ 1,000.00	
	Platinum Membership	$ 2,500.00	
	Special Needs Membership (US Only)	$ 15.00	
	International Membership (including Canada & Mexico)	$ 45.00	
	Gift Membership (enter dollar amount for level desired and fill in name & address of gift recipient below)	Enter Amount	
	Packet of 5 Lyme Times back issues (does not include special issues # 37/38, 39/40, 42, or 45) Send to: Me_____ Gift Recipient_____(Enter below)	$ 15.00	
	I would like to make an extra donation to support research	Enter Amount	
		Total Paid	

Member information:

____**My Membership**: Please sign me up for a one year CALDA membership (as entered in the table above) and send **the Lyme Times** (as a membership benefit) to me at this address:

Name (Please print)
Address
City
State/ZIP Province/Country
Phone
Email
New Member? Yes___ No___ Renewal? Yes___ No___

____**Gift Recipient**: Please send (as entered in the table above) to:

Name
Address
City
State/ZIP
Province/Country

Return this form with your check made payable to:

California Lyme Disease Association
PO Box 707
Weaverville, CA 96093

www.lymetimes.org