

Professional Annual Membership Application

If you would like to become a member of the Myelodysplastic Syndromes Foundation, Inc., please complete this form and mail it with your check or money order in (US \$) for \$40.00 (Annual Professional Membership) to:

The Myelodysplastic Syndromes Foundation, Inc.
36 Front Street
P.O. Box 353
Crosswicks, NJ 08515



Name _____ Title _____

Affiliation/Institution _____

I would like to receive Foundation mailings at: my home at my office.

Please check one box and fill in the appropriate address below.

Street _____

City _____ State (Province) _____ Zip (Postal) Code _____

Country _____

Phone _____ Fax _____

Email Address _____

My areas of practice/research are _____

- Please check if you would be interested in contributing patients to the MDS Foundation's International Patient Registry for MDS.
- Please check if you would like to subscribe to *Leukemia Research* at the **reduced** subscription rate (\$119.00 [US] for MDS Foundation Members. Current subscription rates are Personal subscription \$322.00 [US] and Institutional subscription \$2,373.00 [US]).
- Please send an application form for the Centers for Excellence Program.

For Credit Card Payment:

Please specify: Visa MasterCard American Express

Card Number _____ Expiration Date _____

Signature _____

If you require additional information, please contact the Foundation from within the US 1-800-MDS-0839, outside the US (609) 298-6746, or fax (609) 298-0590.

Visit our website: www.mds-foundation.org