

**Crohn's & Colitis Foundation
The Friends of CCFA
2008-2009 Membership Form**

Member last name: _____ First name: _____

Spouse/Other full name: _____

Member title (Ms, Mrs, Dr, Hon.): _____ Spouse/Other title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home telephone: _____ Home fax: _____

Buisness telephone: _____ Business fax: _____

Mobile telephone: _____ Birthday (month, day): _____

Email: _____

(Many Friends communications are by email. Email saves time, paper, and funds)

Occupation/skills: _____

Company name: _____

YES, I want to be part of The Friends of CCFA!!

\$50 Membership Fee

Payment Method: (circle one) Check (payable to CCFA) AMEX MC VISA

Credit card #: _____ Security code: _____

Expiration date: _____ Signature: _____

Mail or Fax your payment to CCFA, 5120 Woodway, Suite 8008 Houston, Texas 77056;

Attn: Erin Fagan, Fax 713.572.2433

Questions? 713.572.2232