

Membership Form



Our mission is to provide education, support, and compassion to people with arthritis, lupus and other related diseases. We also strive to bring awareness and education to the communities of western South Dakota.

Member Information (please print clearly)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
E-Mail	

Pledge Information

- I wish to join BHAA as a member, I agree to pay the \$25 membership fee. Receive a FREE T-Shirt *or* a Canvas Bag. Get both for an additional \$10!
- I wish to join BHAA as a member, but am unable to pay the \$25 fee. I agree to volunteer with BHAA to maintain my membership (Please complete the back side of this form).
- I would like to make an additional contribution to BHAA in the amount of \$_____

Arthritic Conditions (Optional)

- I am an arthritis patient, I have been doctor diagnosed with_____ (Check all that apply).
- I know someone with_____ (Check all that apply).

<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Bursitis or Tendinitis	<input type="checkbox"/> Juvenile Rheumatoid Arthritis
<input type="checkbox"/> Gout	<input type="checkbox"/> Ankylosing Spondylitis	<input type="checkbox"/> Psoriatic Arthritis
<input type="checkbox"/> Carpal Tunnel Syndrome (CTS)	<input type="checkbox"/> System Lupus Erythematosus (Lupus or SLE)	<input type="checkbox"/> Other _____

Please make checks payable to:

**Black Hills Arthritis Association
P.O. Box 602
Rapid City, SD 57709**

<i>For Internal Use Only:</i>	
Date Received:_____	Free Gift Issued:_____
Payment Rec'd:_____	Payment Method:_____
Receipt Number:_____	Scholarship Form? Yes No

Scholarship Form



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Membership Volunteer Statement

I, _____, am unable to pay the \$25 membership fee, but still wish to become a member of the Black Hills Arthritis Association. I am requesting a scholarship to become a member, and by doing so will commit to volunteer with BHAA for five (5) hours to fulfill the financial obligation of the membership fee. I acknowledge that this commitment to five (5) volunteer hours may include assisting with the BHAA office, cleaning, setting up/tearing down and working at Health Fairs, making phone calls, or other duties as requested or assigned by the BHAA Board of Directors.

Membership Volunteer Commitment

I, _____, have read this statement and agree to commit to five (5) volunteer hours to fulfill my membership fee obligation to the Black Hills Arthritis Association.

Sign Here: _____

Accepted by: _____