



Asthma and Allergy  
Foundation of America®

GREATER KANSAS CITY CHAPTER

## Membership Form 2010

### My name, address, phone & email:

Is this a:  new membership  member renewal  change of address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Current and/or former occupation: \_\_\_\_\_

\_\_\_\_\_

### Send a gift membership to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

And tell him/her it is from:

\_\_\_\_\_

### I want to join AAFA-KC! I would like:

A one year Individual membership \$25

A one year Family membership \$50

A one year Organization membership \$75

A one year gift membership \$25

To make a tax-deductible donation to AAFA-KC of:

\$1,000     \$500     \$250

\$100     \$50     \$25     Other \_\_\_\_\_

Membership \$ \_\_\_\_\_

Gift Membership \$ \_\_\_\_\_

Donations \$ \_\_\_\_\_

TOTAL REMITTED \$ \_\_\_\_\_

Method of Payment:  Check,  
Payable to AAFA-KC

Cash     Visa     MasterCard

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(as it appears on credit card)

Signature: \_\_\_\_\_

Please send this completed form to:  
**AAFA-KC Chapter**  
400 E. Red Bridge Rd., Suite 214  
Kansas City, MO 64131

As a member of AAFA-KC you will receive  
 AAFA-KC's "Taking Control" Newsletter  
 Information on upcoming programs, services and events  
 AAFA bracelet