



Membership Application

Please print this form and mail to:

CYSTINOSIS FOUNDATION
56 Miramonte Drive
Moraga, Ca 94556

1-888-631-1588

Date: _____

Individual	()	\$20
Family	()	\$45
Contributing	()	\$100
Professional	()	\$250
Patron	()	\$500
Life	()	\$1,000
Corporation	()	\$2,000
Honor Circle	()	\$5,000

YES, I want to be a member of the CYSTINOSIS FOUNDATION.
Enclosed are my membership dues of \$ _____ .

NO, I do not want to be a member, but I want to contribute.
Enclosed is my contribution of \$ _____ .

Name _____

Email _____

Street _____

City _____

State _____ Zip _____

Phone _____