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 www.LupusLIQueens.org

## Lupus Alliance of LIQ Membership Renewal Application

**As a member of the Lupus Alliance of LIQ you receive:**

- ✓ Access to our telephone chat program, LupusLine.
- ✓ If you have children, enrollment in our **Let Kids be Kids** program
- ✓ Ability to apply for our **scholarships** and **financial** assistance grants
- ✓ **Complimentary** access to our Support Groups
- ✓ **Complimentary** access to our Lupus Friend Program

You can also apply for membership online at [www.lupusliqueens.org/membership](http://www.lupusliqueens.org/membership).

**How your membership dues help:**

\$25 helps 2 people attend a Lupus Support Group  
 \$30 helps someone attend a Lupus symposium  
 \$50 helps a child with lupus meet other kids living with the disease through trips and workshops.  
 \$100 helps us offer an emergency financial grant to someone in need.  
 \$500 helps someone with lupus pay their uncovered medical bills.  
*10% of all funds raised by the Lupus Alliance of LIQ fund novel research grants that help find a cause and cure for lupus.*

Name \_\_\_\_\_

**Enclosed are my membership dues of:**

Address \_\_\_\_\_

\_\_\_ \$25 Single    \_\_\_ \$50 Patron

City/St/Zip \_\_\_\_\_

\_\_\_ \$30 Family    \_\_\_ \$100 Sponsor

Phone # (    ) \_\_\_\_\_

\_\_\_ Other  
*Your canceled check is your receipt.*

Email Address \_\_\_\_\_

If you are financially unable to join, please e-mail our office at [info@lupusliqueens.org](mailto:info@lupusliqueens.org) or call 516-783-3370.

Credit Card# \_\_\_\_\_ Exp: \_\_\_\_\_ CVV #: \_\_\_\_\_

Signature \_\_\_\_\_

Is there lupus in your family? [ ] Self [ ] Spouse [ ] Parent [ ] Sibling [ ] Child Age of child \_\_\_\_ [ ] Other \_\_\_\_\_

Our **Let Kids be Kids** program offers fun trips to families who are affected by lupus. If you have lupus and have children under the age of 17 or if your child has lupus, please list the names and ages of your children below. Your family will be added to our **Let Kids be Kids** mailing list.

Children`s Names and Ages: \_\_\_\_\_

If you would like to apply for a financial assistance grant or college scholarship, please check off which one(s) below and the appropriate application will be sent to you.

[ ] **Quality of Life grant** (open to anyone with lupus in financial need)11\

[ ] **Maxine Manara Memorial Scholarship** (for those with lupus of any age and for children, under 21 of those who have lupus.)

**Please send information on:** [ ] Support Groups [ ] Education Day [ ] Upcoming events [ ] Advocacy [ ] LupusLine [ ] Volunteering [ ] Research & Clinical Trials

Comments: \_\_\_\_\_