

Foundation for Ichthyosis and Related Skin Types Membership Application

Please print or type membership application

Contact Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (Day) _____ (Evening) _____
 Email: _____ Fax: _____
 New Member Renewal

Type of Ichthyosis: _____

Credit Card Information

Type of Card: American Express VISA MasterCard
 Credit Card Number: _____ Expiration Date: _____

Relationship to person(s) affected with ichthyosis:

Child Grandparent Parent Sibling Teacher
 Friend Med/Prof. Self Spouse Other _____

Membership Level

Grand Benefactor \$1000/yr Family \$50/yr
 Benefactor \$500/yr Individual \$40/yr
 Patron \$250/yr Other _____
 Sponsor \$100/yr

Please consider volunteering for the Ichthyosis Support Network! This is your opportunity to help others to benefit from your invaluable experience in living with ichthyosis. Please complete the box below.
 The **Ichthyosis Support Network** (ISN) is a grassroots network of F.I.R.S.T. members who provide moral support, practical advice, guidance, resource information, and education to other individuals and families dealing with the physical and psychological distress of Ichthyosis.

Name of Family Member	Relationship	Date of Birth	Type of Ichthyosis	Ichthyosis Support Network Participation**	
				I can help! I want to become part of the ISN	I would like to speak with an ISN volunteer

****NOTE: By agreeing to participate in the Ichthyosis Support Network (ISN) you are giving F.I.R.S.T. permission to release your name and contact information to other members of the ISN.**

For questions or additional information please call 215-631-1411 or email support@scalyskin.org
 Please make your check or money order payable to F.I.R.S.T. and mail it with this form to:
 F.I.R.S.T., 650 N. Cannon Avenue, Suite 17, Lansdale, PA 19446