



**The Myasthenia Gravis Association of Colorado**  
 Mail to MGA P.O. Box 303 Lafayette, CO. 80026-0303  
 Membership Application

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**Amount \$30.00**

Email address: \_\_\_\_\_ Newsletter by email \_\_\_ Yes \_\_\_ No  
 Do you want to get Support Group reminder card? \_\_\_ Yes \_\_\_ No  
 Mail to MGAC P.O. BOX 303 Lafayette, Co. 80026-0303

Additional Donations: Total Enclosed \$ \_\_\_\_\_

**Companion Membership (Same address as Member)\$10.00**

Name \_\_\_\_\_

**Gift Membership (Different address than member)\$30.00**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Donations**

Research \_\_\_\_\_ Honor/Memorial \_\_\_\_\_  
 Support \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**All Contributions are Tax Deductible**

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**(Keep this half as your receipt)**

Date Sent \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**Amount Due \$30.00**

Email address \_\_\_\_\_ Newsletter by email \_\_\_ Yes \_\_\_ No  
 Do you want to get Support Group reminder card? \_\_\_ Yes \_\_\_ No  
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Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Donations**

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 Support \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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