

CSA Membership

In joining CSA you will be part of the largest member-based non-profit celiac organization in the United States. A CSA Membership is for all individuals living in one household.

As a member you will receive:

- New Member Packet
 - contains a copy of *Lifeline*, a welcome letter; informational pamphlets, a CSA Restaurant Card, and a Chapter/Unit List for your state
- *Lifeline*, quarterly newsletter
 - includes gluten-free recipes, medical & research articles, human interest stories, gluten-free food manufacturers, ads, and a variety of other things
- Opportunities to serve in CSA leadership roles
- Special discounts

| | | | |
|--|------------------------------|----------------------------------|----------|
| Family Membership | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | |
| | | 1 year | \$ 35.00 |
| | | 2 year | \$ 60.00 |
| | | 3 year | \$ 85.00 |
| | | 4 year | \$100.00 |
| | | 5 year | \$125.00 |
| Electronic delivery of <i>Lifeline</i> | | (\$5.00 discount) | () |

| | | |
|---|-------------------|--|
| Senior Citizen (<i>65 and older</i>) | \$ 25.00 per year | |
| Student (<i>Lifeline sent electronically</i>) | \$ 15.00 per year | |
| Patron | \$300.00 per year | |
| Foreign | \$ 44.00 per year | |
| Gift Membership * | \$ 35.00 per year | |
| Total: | | |

*Name and Address for Gift Membership

| | | | |
|----------|------------|----------------|------|
| Name: | Phone: () | Email address: | |
| Address: | City: | State: | Zip: |

Donation

Donations to CSA fund the CSA toll free help line, educational materials, peer reviewed research and other initiatives to improve the quality of life for those with celiac disease.

CSA memberships and donations are tax deductible.

| | |
|--------------------|----|
| Donation: | \$ |
| Membership: | \$ |
| Total: | \$ |

Please fill in your information below:

| | | | |
|--|--------------------------------|--------------------------------------|---|
| Name: | | Phone: () | |
| Address: | | Email address: | |
| City: | | State: | Zip: |
| Payment method: | <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Visa |
| | | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover |
| | | | <input type="checkbox"/> American Express |
| Credit card number: | | Exp. date: | |
| Full name of cardholder (Please Print): | | | |
| Cardholder Signature: | | | |

Make check or money order payable to Celiac Sprue Association
Please mail to: Celiac Sprue Association • PO Box 31700 • Omaha, NE 68131

For any questions concerning celiac disease and/or your membership, call toll-free 877-CSA-4-CSA