



Membership Application

Name	
E-mail	
Phone	
Address	
City, State	
Zip Code, Country	

Your membership with RSDSA is very important. The greater the number of members we can present to government agencies, drug companies, insurance companies, etc., the more likely we are to get their attention and support.

<input type="checkbox"/> U.S. Dues: \$20 <input type="checkbox"/> International Dues: \$25 <input type="checkbox"/> Additional donation <input type="checkbox"/> I cannot afford membership
Are you renewing your membership? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please make check or money order in \$US payable to RSDSA. Mail your check with this form to: RSDSA, 99 Cherry Street, PO Box 502, Milford, CT, 06460
For credit card orders, please complete: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Card Number:
Exp Date:
Signature: