



WNY Gluten Free Diet Support Group

P.O. Box 1835, Williamsville, NY 14231-1835

www.buffaloglutenfree.org

MEMBERSHIP FORM

Yes, I want to be part of the WNY Gluten Free Diet Support Group by becoming a member at the level checked below. Please make checks payable to WNYGFDSG, Inc.

_____ New Member \$25 _____ Renewal \$20

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

I want to volunteer my time to assist the group with the following activities:

_____ board member

_____ fundraising

_____ publicity

_____ special events

_____ website support

_____ newsletter

_____ health fairs

_____ other: _____