



THE CONSORTIUM OF
MULTIPLE SCLEROSIS CENTERS

2009 Membership Dues

Membership Category (paid in US Dollars only)

We would like to make a donation to the CMSC Foundation in the amount of _____ .

<input type="checkbox"/> Physician (\$150)	<input type="checkbox"/> Full (\$600)
<input type="checkbox"/> Health Professional (\$100)	<input type="checkbox"/> Associate (\$600)
<input type="checkbox"/> Student (\$25)	<input type="checkbox"/> VA Center (<i>Paid for by unrestricted educational grant from United Spinal Association</i>)
<input type="checkbox"/> Sponsorship (\$5,000, \$10,000 or \$ 15,000)	<input type="checkbox"/> Liaison (\$350)
<input type="checkbox"/> Partnership (\$5,000)	

Amount Paid \$ _____ Date : _____

Member's Name : _____

In full, associate or VA member, please provide:

Center Director : _____

Center Contact Person : _____

Address : _____

City, State, Zip, Country: _____

Phone #: _____ Fax #: _____

Website : _____ Email : _____

Check Name on Credit Card : _____

Visa Credit Card #: _____

MasterCard Expiration Date : _____

American Express

Discover Signature: _____ Date: _____

Consortium of Multiple Sclerosis Centers

**359 Main Street Suite A
Hackensack, NJ 07601
(P) 201-487-1050 (F) 201-678-2290**

www.mscares.org

Make checks payable to:

Consortium of Multiple Sclerosis Centers

And mail to the above address.



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