



CSA/USA, Inc., Chapter 15  
Southern Arizona Celiac Support Group  
www.SouthernArizonaCeliacSupport.org

**Help yourself and others by joining or renewing your membership.**

Enclose your tax-deductible payment of \$15 (or \$65 for 5 years) made payable to CSA Tucson Chapter #15. Mail to: Hetty Pardee, 3468 E. Lester, Tucson, AZ 85716-3236

Date \_\_\_\_\_, 20\_\_\_\_ (Enter or make any address corrections here)  
Name \_\_\_\_\_

**New Member**  
 **Renewal**

Address \_\_\_\_\_

(Our fiscal year is from July 1 to June 30) \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

(Check here  if you are **UNWILLING** to let us publish the above information in our chapter directory)

Member with Celiac Sprue? \_\_\_\_\_ Dermatitis Herpetiformis? \_\_\_\_\_

Physician's name: \_\_\_\_\_ Gastroenterologist's name: \_\_\_\_\_

Year diagnosed: \_\_\_\_\_ Current member of National CSA/USA, Inc.? \_\_\_\_\_

**WE ARE ALL VOLUNTEERS, SO WE NEED YOUR HELP!**

*Can you sign up to help with ...*

- Officer or board member?       Publicity?       Newsletter?  
 Bulk orders?       Mailing?       Computer/Website?       Phone Tree?  
 Transportation?       Assist Committee Chairperson?       Educational goals?  
 Other? \_\_\_\_\_

**Input:** Is there a goal relating to education that you think is important for our group to develop?

Newsletter deliver options (choose one)

- Email only       Paper copy only       Both email and paper

Gender <b>M</b> <b>F</b>		Name						
Year Diagnosed		Self or MD?		Tests	None	Blood	Stool	Gene
Age at diagnosis					TTG	Biopsy	Other	
When did symptoms start? ▶								
Primary Symptoms    ▶								
Secondary Symptoms    ▶								
Related Illnesses/Diseases ▶								
Diagnosis/diagnoses before CD/HD    ▶								
How long before you noticed a difference after going off gluten?    days...weeks...months								
Family history - any others?								
First diagnosed in your family?								
Why did you seek treatment/diagnosis?								
Narrative of your experience								
Permission to use your story on our website?			Do you want your name withheld?					
<input type="checkbox"/>			<input type="checkbox"/>					

Filling out this questionnaire is entirely voluntary and membership is *not* dependent on its completion. We are hoping that, by publishing member experiences, undiagnosed people will read them and realize that is *their* story, too.