



**SICKLE CELL DISEASE ASSOCIATION OF FLORIDA**

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**Fax: (813) 247-1543**



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## Membership Application

Membership in the Sickle Cell Disease Association of Florida, Incorporated offers individuals the opportunity to assist the Board of Directors in advocating for changes and modification in the care, treatment, programs and services for individuals and families in Florida who are impacted by sickle cell disease. Together we can become a "Change Agent" in Florida. We thank you for your support.

Name: \_\_\_\_\_  
*Print Name as you wish it to appear on Membership card*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Local Sickle Cell Chapter: \_\_\_\_\_

### *MEMBERSHIP LEVELS*

- General Membership \$25
- Associate Membership \$100.00
- At-Large Membership \$100.00
- Donation: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THANK YOU**