



MEMBERSHIP APPLICATION

*Rheumatologists interested in forming a state rheumatology organization or having an established rheumatology society join CSRO, please contact us for more information.

If your state does not have an existing state Rheumatology Organization, is there interest in forming one?

Yes No

Existing Organization Name _____

Organization Location _____ Member Size _____

Email _____ Phone _____

Name _____ **Sex** M or F

Degree(s) _____ **Preferred Mailing Address** Office Home

Office Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Home Address (optional) _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Email _____

Signature _____ **Date** _____

For questions and information, please contact:

Coalition of State Rheumatology Organizations
Two Woodfield Lake
1100 East Woodfield Road, Suite 350
Schaumburg, IL 60173
Phone: (847) 517-7225 • Fax: (847) 517-7229
Email: csro@wjweiser.com
Website: www.csro.info