



# MEMBERSHIP APPLICATION

*Membership in the CSRO is open to any state or regional professional rheumatology society.*

**Organization Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Please designate an authorized voter who will represent your society at the CSRO Annual Meeting and an administrator to whom CSRO can address any administrative matters. The roles of administrator and authorized voter can be performed by the same person or two different people. Each year you will have the option of designating a new representative(s).

*\*\*If your verification form lists the correct representatives for your organization, you may skip this section\*\**

**Administrator Name** \_\_\_\_\_ **Sex** M F

**Designation(s)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Office Address** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Authorized Voter Name** \_\_\_\_\_ **Sex** M F

**Designation(s)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail your completed application and dues payment to:**

Coalition of State Rheumatology Organizations  
Two Woodfield Lake  
1100 East Woodfield Road, Suite 350  
Schaumburg, IL 60173

**For questions and information, please contact:**

Phone: (847) 264-5966 • Fax: (847) 517-7229  
Email: chelsea@wjweiser.com  
Website: www.csro.info