

Name: _____

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One-year Inaugural Membership: **\$30.00** (Regularly \$50.00)

Additional Donation:

- \$100
- \$50
- \$25
- Other _____

Please make your check or money order payable to:

The Society for Participatory Medicine

Mail to: The Society for Participatory Medicine
PO Box 1183
Newburyport, MA 01950-1183

Note: If you are an individual committed to furthering the cause of Participatory Medicine and the membership fee is problematic for you, please apply to be a Participatory Medicine Champion. Participatory Medicine Champions receive all the benefits of membership and there is no fee associated with this honor.