



2010-2014 Membership Application

Name

Complete Mailing address with zip code

Telephone number

_____ @ _____

Email address

Membership Type

_____ Regular Member

_____ Special Member (Dues waived)

_____ Supporter

_____ Anonymous Supporter (all we need is your email address & dues to process)

Amount enclosed \$ _____ (Checks payable to: National Organization Of Short Statured Adults, Inc.)

Mail dues check and this application to: NOSSA – Church Street Station, PO Box 1187 NY, NY 10008-1187. This form can also be faxed to 1-888-667-7239 or emailed to – membership@nossaonline.org Dues are \$25.00 (USD) per year. Dues are non-refundable after 30 days of receipt. Notice: NOSSA is a 501(c)(4) not for profit corporation. Contributions or gifts to National Organization Of Short Statured Adults, Inc. are not deductible as charitable contributions for U.S. Federal income tax purposes.