



**CSA Gluten-Free Erie, Pa. Chapter 135**  
 A 501(c)3 non-profit organization

Date: \_\_\_\_\_ (Join Jan 1-Sept 30 and membership expires 12/31, join Oct 1-Dec 31 membership expires 12/31 in the next calendar year)

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

	<b>Amount</b>
CSA Chapter 135 & 1 <sup>st</sup> time National CSA Membership-----	\$40 _____
CSA Chapter 135 Membership only-----	\$15 _____
CSA Chapter 135 Membership with existing National CSA Membership-----	\$15 _____
Donation to CSA Gluten-Free Erie, PA Chapter 135-----	\$ _____
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<b>Total (cash or check made out to CSA Chapter 135)</b>	_____

**Help our chapter serve you better:**

Number of household members eating gluten free: \_\_\_\_\_ Date diagnosed/began GF diet \_\_\_\_\_

Children in your family diagnosed with CD or eating gluten free:

DOB: \_\_\_\_\_ Gender: M F    DOB: \_\_\_\_\_ Gender: M F    DOB: \_\_\_\_\_ Gender: M F

**Please mark activities you are interested in:**

\_\_\_\_\_ Gluten-Free Adult Social Activities (restaurants, etc.)    \_\_\_\_\_ Gluten-Free Family Activities

\_\_\_\_\_ Gluten-Free Children's Activities    \_\_\_\_\_ Class in G-F cooking/baking    \_\_\_\_\_ Community Education

\_\_\_\_\_ Speakers--list topics: \_\_\_\_\_

\_\_\_\_\_ Other programs or activities: \_\_\_\_\_

\_\_\_\_\_ I would like to help plan or organize an event/activity/program \_\_\_\_\_

*Mail to: Cindy Christiansen  
 5093 Ridgedale Dr  
 Erie, PA 16506*