Minnesota Lyme Association

Member Information

Name _____ _____ _____
Last First Date

Street _____ Phone _____

City _____ State _____ Zip_____

E-mail * _____

*** To receive updates regarding support group topics, guest speakers, and information on related Lyme disease issues. We will never share your email with any other entity.**

How did you hear about our group/event? _____

Have you been diagnosed with Lyme disease? _____

Did you come for support _____ Education _____

When and in what locale do you suspect you were bitten? _____

_____

Would you be interested in volunteering, either for a single or multiple events or programs?

Yes_____ No_____ Occupation _____

Hobbies, skills or special interests: _____

Questions, concerns or comments: _____

_____

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Can be mailed to: Minnesota Lyme Association P.O. Box 533 Hugo, MN 55038

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