



# Statement of Intent and Membership Form

We as a group of National Marfan Patient Support Groups resolve to cooperate on an International level, by the free exchange of information between each other, by regular written and telephonic communication, and whenever possible, to meet for discussion and mutual support.

The group shall be known as the International Federation of Marfan Syndrome Organizations (IFMSO), and shall choose every three years a coordinator (President).

We agree to pay an annual fee of \$25.00 to contribute to the goals of the Statement of Purpose and to help the IFMSO accomplish these goals.

**AGREED AND ASSENTED TO BY:**

Signature: \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Organization: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Payment enclosed: \_\_\_\_\_

▸ Please make check payable to National Marfan Foundation c/o IFMSO

▸ If you wish to pay by Credit Card:

VISA    M/C

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

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please return form and payment to:  
National Marfan Foundation, 22 Manhasset Avenue, Port Washington, NY 11050 USA

