

SUPPORT **YOUR** SUPPORT GROUP

Take charge of your own health, stay on top of the latest in research and treatments, and contribute to your support group at the same time! Become a Member of Fibromyalgia Network, and learn why thousands of people around the globe depend on us for our advertisement-free information and support. Each issue of the *Fibromyalgia Network Journal* contains the latest in research news, treatment options, and advice from experienced patients and physicians on how to best manage your symptoms.

Fibromyalgia Network understands the financial constraints of running a support group, and we offer a rebate program to help groups throughout the United States with the little incidentals. **Support groups will be sent a rebate check amounting to \$5 for every person in your group that has signed up as a new Member or submitted a two-year renewal to the Fibromyalgia Network.**



Fibromyalgia Network Support Group Rebate Form

Support Group Information:

Support Group Leader: _____ Group Leader Member ID: _____

Name of Support Group: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Only support groups registered with the Fibromyalgia Network can use this form.
Groups are encouraged to register at the Support Groups page on our website.

Please complete this form and mail or fax to:

Fibromyalgia Network, PO Box 31750, Tucson, AZ 85751 • Fax: (520) 290-5550 • Phone: (800) 853-2929

To obtain your rebate, provide the names of those in your group who have recently joined the Fibromyalgia Network or renewed their Membership:

		New Membership	Two-Year Renewal
Full Name: _____	Zip code: _____	<input type="checkbox"/>	<input type="checkbox"/>
Full Name: _____	Zip code: _____	<input type="checkbox"/>	<input type="checkbox"/>
Full Name: _____	Zip code: _____	<input type="checkbox"/>	<input type="checkbox"/>
Full Name: _____	Zip code: _____	<input type="checkbox"/>	<input type="checkbox"/>
Full Name: _____	Zip code: _____	<input type="checkbox"/>	<input type="checkbox"/>
Full Name: _____	Zip code: _____	<input type="checkbox"/>	<input type="checkbox"/>
Full Name: _____	Zip code: _____	<input type="checkbox"/>	<input type="checkbox"/>

Total Rebate Amount: \$ _____

For more information, call the Fibromyalgia Network at (800) 853-2929. Information will be verified before checks are distributed. This form is available at www.fmnetnews.com/resources-groups.php.