

# UNITED STATES BURN SUPPORT ORGANIZATION MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:		
Date of birth:	SSN <LAST FOUR>	Phone:
Current address:		
City:	State:	ZIP Code:

## EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:	Phone:	
City:	State:	ZIP Code:

## SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	SSN <LAST FOUR>	Phone:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

## REFERENCES

Name	Address	Phone

## CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

## SIGNATURES

I confirm the information provided above is correct and that I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

- 1) Please fill all Information to the best of your knowledge, return with **\$25.00** Membership Fee.
- 2) If you are a Burn Survivor please submit application with **\$6.00** Membership Fee and contact the U.S Burn Support Organization.
- 3) Mailing address: **P.O Box 26001 Philadelphia, Pa 19128**  
Email: [usburnsupport@usburn.org](mailto:usburnsupport@usburn.org)