



REGISTRATION/RENEWAL FORM - 2018

NCA OC CELIACS
15030 Goldenwest Cir.
P. O. Box 10514
Westminster, CA 92685
Phone: (714) 750-9543
Email: ncaorangecounty@gmail.com
Facebook: OC Celiacs



Are you interested in a Kids group?
Contact Amy Grant at ncaocceliacs@gmail.com

Date _____

We are a support group of volunteers who have common goals of adhering to a gluten-free (GF) diet and staying up-to-date on the newest developments and educating others about Celiac Disease (CD), Dermatitis Herpetiformis (DH), Non-Celiac Gluten Sensitivity, and other Gluten related disorders. We are the local chapter of the national organization, **National Celiac Association, OC Celiacs**

Our Chapter holds meetings, special events, presentations and we share local information and recipes as well. To join our chapter and receive notices of our meetings and our newsletter, fill out this membership form and include your check for **\$20.00 family membership (same household) annual dues for the year 2018 (January to December)**.

_____ **NEW MEMBER** _____ **RENEWING MEMBER**

Please make your \$20 check payable to: NCA OC Celiacs Chapter and mail to the address above.

Family Last Name: _____, First Names of Members: 1) _____,
2) _____, 3) _____, 4) _____

Address _____

City _____ State _____ Zip code _____ County _____

Phone (_____) _____ - _____ Occupation(s) _____

Email Address _____ @ _____ . _____

1. We'll send notifications via email ***unless you want to receive it via US mail. If so, circle: *BY US MAIL & *add \$8 to membership fee for notifications if you want both email copy and hardcopy. (Members with NO computer access do not pay extra.)**
2. Have you joined (or renewed your membership with) National NCA, this year?* _____
3. Please circle the age group(s) of family members with CD or DH: 1-10 11-20 21-40 41-60 61-70 71-80 81+
4. Was your Celiac medically diagnosed? _____ If yes, in what year? _____ Do you have DH? _____
Do you have Non-Celiac Gluten Sensitivity? _____ Do you have another gluten related disorder? _____

Your name, address, phone number and email will be included in our directory to help you and others receive support from chapter members. If you would **NOT** like your name in our directory, please sign here: _____

Here is my registration fee (or renewal fee) \$ _____

In support of the work our chapter is doing, I'm enclosing an additional amount of \$ _____

I want a hardcopy Notifications plus email copies (add \$8/year) \$ _____

Total Amount Enclosed \$ _____

Name / Photo Release Section –Please answer yes or no to each question below:

_____ I agree to allow CSA Chapter #14, OC Celiacs to use photos taken of me at any of the OC Celiacs events on the website, Pinterest, newsletters, and Facebook page.

_____ My spouse/partner _____ agrees to allow CSA Chapter #14, OC Celiacs to use photos taken of them at any of the OC Celiacs events on the website, Pinterest, newsletters, and Facebook page.

_____ I agree to allow CSA Chapter #14, OC Celiacs to use my name on the OC Celiacs website, Pinterest, newsletters, and Facebook page.

_____ My spouse/partner agrees to allow CSA Chapter #14, OC Celiacs to use his/her name on the OC Celiacs website, Pinterest, newsletters, and Facebook page.

JOIN our National Organization, NCA send \$35 (<https://www.nationalceliac.org/membership/>) see website for more options to: receive "Gluten Free Nation", a very informative tri-yearly newsletter, National Celiac Association, P.O. Box 600066 Newton, MA 02460