



3030 North Rocky Point Dr.,  
 Suite 150, Tampa, FL 33607  
 Phone: (813) 853 – 5927  
 Fax: (813) 945 – 2700

**FREE MEMBERSHIP FORM**

**Personal Information:**

Title: Mr.  Mrs.  Miss  other: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gender:  Male  Female  Other

**Contact Information:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:** Do you have Vitiligo or Albinism?  Yes  No If yes, please specify:

\_\_\_\_\_

Age of Diagnosis (if applicable): \_\_\_\_\_

Please provide any specific needs or challenges you face related to your condition:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Membership Benefits:** By becoming a free member of our nonprofit organization, you'll enjoy the following benefits:

- Access to educational resources and information about Vitiligo and Albinism.
- Invitations to support group meetings, workshops, and events.
- Updates on the latest research and treatments.
- Opportunity to connect with others in the Vitiligo and Albinism community.
- Newsletters and exclusive content.

**Preferred Method of Communication** (*check one or more*):  Email  Phone  Postal Mail

**How did you hear about us?**  Website  Social Media  Referral  Event  Other: \_\_\_\_\_

**Skills and Expertise:** Do you have any specific skills, expertise, or professional background that you would like to contribute to our organization? (e.g., medical, legal, marketing, etc.) \_\_\_\_\_

**Additional Information:** Please provide any additional information you would like us to know about you, your experiences, or your interests related to Vitiligo and Albinism:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Volunteer Opportunities:** We are always looking for volunteers to support our mission. If you're interested in volunteering, please check the box below:

I am interested in volunteering my time to support Massé World

**Terms and Conditions:** By signing up for a free membership, you agree to abide by the rules and guidelines set forth by Massé World. You understand that the information provided in this form will be kept confidential and used solely for the purpose of communication and providing you with membership benefits. You also acknowledge that membership benefits may change over time and that you will be notified of any updates.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

I would like to receive newsletters and updates via email.

Please return this completed form to **3030 North Rocky Point Dr. W, Suite 150, Tampa, FL 33607**, or email it to [office@masseworld.org](mailto:office@masseworld.org). You can also submit your membership application electronically through our website. Thank you for joining Massé World! Together, we can make a difference in the lives of individuals with Vitiligo and Albinism.

For inquiries, please contact us at **(813) 945 - 2727** or [office@masseworld.com](mailto:office@masseworld.com). Visit our website at [www.masseworld.org](http://www.masseworld.org) for more information about our programs and initiatives.