Walk with Us to Cure Lupus Interest/Registration Form

I’m interested in:
☐ Learning more about the Lupus Research Alliance
☐ Learning about Lupus Research Alliance Events
☐ Assisting with Event planning/sponsorship
☐ Volunteering on Event Day

Yes! I’m ready to have fun, change lives and help cure lupus. Register me as a:
☐ Team Captain (list team name below)
☐ Member of an Existing Team (list team name below)
☐ Individual Participant
☐ Virtual Participant

Name: __________________________________________________________________________________
Address: ________________________________________________________________________________
City: ___________________________ State: ______________ Zip : ______________________
Phone : __________________________________________________________________________________
Email : _________________________________________________________________________________
Walk Location : __________________________________________________________________________
Team Name: ___________________________ Team Captain: _________________________________
What’s your lupus connection? __________________________________________________________

Mail this form to:
Lupus Research Alliance
275 Madison Avenue
10th Floor
New York, NY 10016

Fax this form to: 212-218-2848

Register online: walk.lupusresearch.org