

Minnesota Lyme Action Support Group Profile Form

Date: _____

Name _____
Last First

Street _____ Phone _____

City _____ State _____ Zip _____

E-mail * _____

*** To receive updates regarding support group topics, guest speakers, and information on related Lyme disease issues.**

How did you hear about our group/event? _____

Occupation: _____

Hobbies and special interests: _____

Would you be interested in volunteering at our annual Lyme walk/run fundraiser in May?
Yes _____ No _____

Have you been diagnosed with Lyme disease? _____

When and where do you suspect you were exposed? _____

How can we further assist you? _____

Questions, concerns or comments? _____

Can be mailed to: Minnesota Lyme Action Support Group P.O. Box 533 Hugo, MN 55038