



We identify, educate, empower  
and advocate for DES-exposed individuals.

## DES Action Membership Renewal Form

### Renew

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Membership level

- |  |   |
|--|---|
| <input type="checkbox"/> Annual Member - \$40  | <input type="checkbox"/> Annual Family - \$70     |
| <input type="checkbox"/> Annual Patron - \$200 | <input type="checkbox"/> Annual Sustainer - \$500 |

*We rely on membership dues and donations and accept no drug company funding.  
DES Action USA is a 501(c)(3) corporation under the umbrella of MedShadow Foundation.  
Your donation is fully tax deductible.*

*Please mail checks to:*

DES Action USA  
229 E 85th Street Unit K,  
New York, NY 10028