



CSF Cooperative Program Application

The CSF Cooperative Program will be a program set up for people who are interested in eventually forming a Chapter in their area.

CONTACT INFORMATION

Region/City Name: CSF _____ **Co-Op**

Contact Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip code:** _____

Home Phone: _____

Mobile Phone: _____

E-mail Address: _____

I agree and consent that the Chiari & Syringomyelia Foundation, Inc., may use my above contact information on the CSF website (www.CSFinfo.org) Co-Op Directory

Signature

Date

Printed Name

Submit application and release agreement to the CSF Chapter Office:

Chiari & Syringomyelia Foundation, Inc., Cathy Poznik, Chapter Coordinator
3075 Killingworth Lane, Twinsburg, OH 44087
OR

Scan and send to: cpoznik@CSFinfo.org or fax to: 330-998-6195 (call first)

If you have any questions, please call Cathy Poznik at 330-998-6195

CSF is a 501(c)3 nonprofit organization whose mission is to advance knowledge through research and to educate the medical, allied sciences, and lay community about Chiari malformation, syringomyelia and related CSF (cerebrospinal fluid) disorders.