

DECLARATION OF INTENT AND COMMITMENT



Personal Information:

- **Full Name:** _____
- **Date of Birth:** _____

I, the undersigned, hereby declare my intent to become an active Community Member of LymeCare Alliance. I am passionate about supporting Lyme disease patients and contributing to the organization's mission. I commit to the following:

1. I will actively participate in the community and passionately pursue the ideas and contributions outlined in my application form.
2. I agree to share all my personal data and activity information with LymeCare Alliance for all organizational activities.
3. I confirm that I have read and understood the regulations available at <https://lymecare.org/community/>.
4. I confirm that I have read and understood all information published at <https://lymecare.org/apply/>.
5. I will stay informed of all publications and updates issued by LymeCare Alliance.
6. I will strictly follow the orders and guidance provided by the Directors and Community Leaders of LymeCare Alliance.
7. I agree that all content (text, pictures, or any other materials) that I send to the organization can be used freely by LymeCare Alliance for its purposes.
8. I hereby confirm that I am over 21 years of age.
9. I declare that this application and declaration have been completed and signed by myself.

- **Applicant's Signature:** _____
- **Date:** _____