



## Allergy And Asthma Support Group Of Central New Jersey

**Allison Inserro**

**Facilitator**

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**URL: [allergyfriendsnj.org](http://allergyfriendsnj.org)**

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Dear New Member,

Thank you for your interest in the Allergy and Asthma Support Group of Central New Jersey. The group was established in May of 2002 by two mothers with their allergist, Dr. Helen Skolnick of Princeton Allergy and Asthma Associates, as the medical advisor. The Support Group is for adults and parents of children with allergies, asthma or both. By sharing stories, personal experiences, wisdom, suggestions and knowledge, the group supports families and friends afflicted by life-threatening food allergies and other chronic conditions, such as asthma and environmental allergies.

As volunteer parent advocates, we provide education about the medical, social and emotional aspects of allergies and asthma. Members raise public awareness through print publications and presentations about allergies and asthma to schools, policymakers, community groups and other interested audiences. We are a resource of information for anyone with food allergies, environmental allergies or asthma.

The Support Group meets the first Wednesday of every month from 7:00 PM to 9:00 PM (except July and August) at a Central New Jersey location. For current topics and meeting location, please check out our website at <http://www.allergyfriendsnj.org>.

The meetings vary from formal speaker presentations to informal group discussions. Meeting topics are determined by suggestions and the needs of the group. Guest speakers provide professional, expert advice on a variety of topics, such as nutrition, research and much more.

We have an extensive lending library for members, including training materials, books, magazines and cookbooks.

There are also social occasions for families, such as “parents’ night out” and safe (no food) parties for children featuring crafts and games.

**Allergy & Asthma Support Group  
Of Central New Jersey**

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Support Group Membership dues are \$20.00 annually. Attached is a survey, which allows us to get to know our new members and their needs. Please print out the survey, fill it out and mail it and your membership dues check (payable to Allergy & Asthma Support Group of Central New Jersey) to:

Maureen Yandrisevits  
155 Patton Avenue  
Princeton, NJ 08540

If you have any questions, please feel free to contact us. This group is for you; your ideas and support are needed!

Sincerely,

A handwritten signature in blue ink that reads "Allison Inserro". The signature is written in a cursive style.

Allison Inserro

**New Member Application**

AASG Use Only

Membership year: \_\_\_\_\_

Date received: \_\_\_\_\_

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

Entered: \_\_\_\_\_

Mailing List: \_\_\_\_\_

Remember this is your group; your support, ideas, concerns, comments and suggestions are very important with regards to the planning process. Please complete the following and mail it and your membership dues made payable to "Allergy & Asthma Support Group of Central New Jersey" to

Maureen Yandrisevits  
155 Patton Avenue  
Princeton, NJ 08540

Name:	
Address:	
Email:	
Telephone:	

- I do
  - I do NOT
- want my contact info listed on the members-only directory.

1) Name of person(s) in your family with allergies and/or asthma?  
\_\_\_\_\_

2) When is their birth date?  
\_\_\_\_\_

3) What are they allergic to?

- |                                    |                                 |                                        |
|------------------------------------|---------------------------------|----------------------------------------|
| <input type="checkbox"/> dairy     | <input type="checkbox"/> asthma | <input type="checkbox"/> cats          |
| <input type="checkbox"/> eggs      |                                 | <input type="checkbox"/> dogs          |
| <input type="checkbox"/> mustard   | <input type="checkbox"/> latex  | <input type="checkbox"/> dust mites    |
| <input type="checkbox"/> peanuts   |                                 | <input type="checkbox"/> environmental |
| <input type="checkbox"/> seafood   |                                 | <input type="checkbox"/> grasses       |
| <input type="checkbox"/> sesame    |                                 | <input type="checkbox"/> molds         |
| <input type="checkbox"/> shellfish |                                 | <input type="checkbox"/> trees         |
| <input type="checkbox"/> soy       |                                 |                                        |
| <input type="checkbox"/> tree nuts |                                 |                                        |
| <input type="checkbox"/> wheat     |                                 |                                        |

4) Other allergies not listed.

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5) What are your expectations of the Support Group?

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6) What would you like the Support Group to provide for you and your family?

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7) What specific topics would you like to see discussed?

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8) Would you be interested in serving on a Committee within the group, or do you have professional talents you can share (i.e. public relations, technology skills, presentation skills, etc)?

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