

Inquiry about Arthritis Management Program Admission

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the admission process for your Arthritis Management Program. I am very interested in obtaining more information regarding the criteria for eligibility, available resources, and any upcoming information sessions.

As someone who is managing arthritis, I am eager to explore programs that can provide support and enhance my quality of life. I would greatly appreciate any brochures, guidelines, or specific details about your program that you could share with me.

Thank you for your assistance. I look forward to your response.

Warm regards,

[Your Name]