

Request for Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request enrollment in the Arthritis Care Program offered by your esteemed organization. As an individual living with arthritis, I am seeking comprehensive care and support to manage my condition effectively.

After researching various programs, I believe that your approach to arthritis management aligns perfectly with my needs. I am particularly interested in the educational resources and support groups that the program provides.

Attached are my medical records and any other required documentation for your review. I appreciate your consideration of my request and look forward to your positive response.

Thank you for your time and assistance.

Sincerely,

[Your Name]