



Narcolepsy Network, Inc.
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INDIVIDUAL MEMBERSHIP FORM (confidential)

Please print clearly, thank you.

Name: _____ Date: _____

Street Address: _____ City: _____

County: _____ State: _____ Zip+4 _____ Country: _____

Telephone: Home: _____ Cell: _____

E-mail*: _____ Fax: _____ Age** _____

*For privacy and to avoid blocked emails, we recommend providing a non-work email address. By giving us your email we will also include you in our **Blast Email System** and will receive emails throughout the year. Let us know if you **DO NOT** want this service.

____ **I do not wish to receive emails from Narcolepsy Network.**

** Helps us match members looking for one-on-one support.

New members: How did you hear about us? _____

MEMBERSHIP DUES **new membership** **renew your membership**

\$40 Full Year Member: Membership will expire one year from processing date.

Request a Complimentary: Please include me as a member, although I can't pay all or any annual dues at this time, for the following reasons: _____

DONATION: I have included an additional donation of \$ _____

Notes: Please make your CHECK payable to NARCOLEPSY NETWORK, INC.

Mail form and payment to: Narcolepsy Network, Inc. •46 Union Dr Apt A212, North Kingstown, RI 02852.

All amounts are payable in U.S. DOLLARS by check, money order, or credit card.

Narcolepsy Network, Inc. is a qualified 501(c) (3) tax-exempt organization and contributions are tax-deductible to the full extent of the law. Please consult your tax advisor regarding specific questions about your deductions. An annual report is available upon request.

CREDIT CARD payments accepted. Please provide the following:

NAME (as appears on card): _____

Credit card type (please circle): **Visa** **Master Card**

Credit card number: _____ **exp. date:** _____ **3-4 digit code:** _____

For credit card payments cannot process without code!!!

signature: _____

Please see back of form for Survey of Interests, Needs and Skills.

Name _____ Phone _____ E-mail _____

SURVEY OF INTERESTS, NEEDS AND SKILLS

We are a nonprofit patient organization, governed by and existing for our members. We wish to be an expanding network, serving present members and extending our resources to all persons with narcolepsy. Your personal interests and participation are important. Please help us by completing this brief survey.

I. INTERESTS

- A. My primary interest in narcolepsy is ___ for myself ___ for a family member or friend ___ professional.
- B. We often receive requests from persons with narcolepsy for names and contact information of others with narcolepsy who lives in a certain area or who share a common interest.

1) ___ You may provide my: ___ name, ___ phone number, ___ address, ___ e-mail to others.

2) ___ please keep my name, phone number, address, and e-mail strictly confidential.

C. 1) I presently a) ___ take part, b) ___ do not take part, c) ___ wish to take part in a support group

2) I ___ am willing ___ am not willing to co-lead and/or assist in the development of a new support group

II. NEEDS

The greatest benefits I hope to receive from this organization are, in order of importance, the following:

1) _____ 2) _____

3) _____ 4) _____

III. SKILLS

Highest Educational Level _____ Main Work Experience _____

I have the following interests, experience, abilities, or professional skills in which I am willing to volunteer in order to improve our organization's network, resources, and programs on behalf of all persons with narcolepsy.

- 1) ___ contacting other members with important information: a) ___ telephone; b) ___ letter; c) ___ e-mail
- 2) ___ contacting state and federal legislators: a) ___ telephone; b) ___ letter; c) ___ e-mail
- 3) ___ distributing educational materials to schools, libraries, health fairs, etc.
- 4) ___ personally meeting newly diagnosed persons with narcolepsy
- 5) ___ being available for interviews by media reporters: a) ___ newspaper; b) ___ magazine; c) ___ T.V.; d) ___ internet
- 6) ___ writing personal and/or informative articles for: a) ___ newspaper; b) ___ magazine; c) ___ internet
- 7) ___ appearing to talk about narcolepsy: a) ___ schools; b) ___ colleges; c) ___ civic groups; d) ___ health care groups
- 8) ___ I have, from my training or experiences, professional or special skills in which I am willing to provide for activities of Narcolepsy Network. (Please describe) _____

- a) ___ fundraising; b) ___ accounting; c) ___ legal; d) ___ writing; e) ___ graphic; f) ___ layout;
g) ___ filming; h) ___ website design; i) ___ programming; j) ___ health care; k) ___ research;
l) ___ other: _____

- 9) ___ I am willing to assist these Narcolepsy Network committees and programs
- a) ___ Advocacy (tracking and assisting in response to laws and issues affecting persons with narcolepsy)
 - b) ___ Conference (assisting in planning and conducting national and local conferences)
 - c) ___ E-mail (receive and correspond to e-mail questions and communication from members and others)
 - d) ___ Fundraising (develop and help implement local and national fundraising projects)
 - e) ___ Membership (outreach to invite new members and to develop support groups)
 - f) ___ N[ART] (create and contribute to artistic expressions representing narcolepsy)
 - g) ___ Newsletter (writing, illustrating, printing and layout of quarterly newsletter)
 - h) ___ Publications (review, write, design and plan new educational materials)
 - i) ___ Website (design, maintenance, contribution to our website, and review of others)