



INDIVIDUAL MEMBERSHIP FORM (CONFIDENTIAL)

Please print clearly.

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Home Phone: _____ Cell Phone: _____
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 include you in our blast email system and you will receive emails from us periodically throughout the year. Please let us know if you **do not wish to be included on our email list. You may change this option at any time.*

- I do not wish to receive emails from Narcolepsy Network.
- I do not consent to sharing my name or email with others looking for one-on-one contact.

FOR MEMBERS WHO DO NOT HAVE A LOG-IN

1.) Please enter a log-in name for your membership account (between 4-25 characters): _____
If the name you chose was already assigned, we will contact you via email. A password will be assigned to you via email. You will be able to change your password and other contact information once you sign into your account.

2.) How did you hear about us? _____

Membership Type

- New Membership
- Renewing Membership

Membership Level/Dues

Please choose one. Membership will expire one year from the processing date.

- Supporter Level - \$50 per year
- Advocate Level - \$100 per year
- Family Level - \$150 per year
- Leader Level - \$250 per year

Request a Complimentary Membership

If you would like to become a member, but can not pay all or any annual dues at this time, you may request a complimentary membership. Please use the space to give your reasons.

Donation

I have included an additional donation of \$_____.

Please make your check payable to Narcolepsy Network, Inc. All amounts must be paid in US dollars by check, money order, or credit card. Narcolepsy Network, Inc. is a qualified 501(c)(3) tax -exempt organization. Contributions are tax deductible to the fullest extent of the law. Please consult your tax advisor. An annual report is available upon request.

For credit card payments, please complete the following information.

Name (as it appears on the card): _____
Address if different from above: _____
Credit card type: Visa MasterCard
Credit card number: _____ Exp. date: _____ 3-4 digit code: _____
Signature: _____