



National Niemann-Pick Disease Foundation, Inc.

P.O. Box 49; Fort Atkinson, WI 53538 (USA)

Tele: 920-563-0930; Fax: 920-563-0931

Web Site: www.nnpdf.org Email: nnpdf@nnpdf.org

MEMBERSHIP FORM

The NNPDF provides services to all individuals affected by Niemann-Pick Disease regardless of their ability to pay dues. While we ask and hope that families will help the Foundation through personal contributions and fund raising initiatives, we do not require any payments for our services or our work. We hope this opens NNPDF to even more individuals and families affected by Niemann-Pick Disease and who share our goal to find treatments and a cure. Please complete, sign and date the Membership Form and return it to the NNPDF by fax or mail.

Name: <i>(Parent(s)/Guardian(s))</i>	Last, First, Middle Initial		
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Mailing Address		
	City, State, Zip	Country

Telephone		Work/ Cell	
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Email		Alternate Email	
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Family Member(s) with NPD (full names)	NPD Type (A/B/C)	Date of Diagnosis	M/F	DOB	DOD, if applicable

Diagnostic Center		Physician	
Your Relationship to NPD-affected individual(s)			

Non-NPD-affected Child(ren) (full names)	Gender M/F	DOB	DOD, if applicable

May we disclose your contact info to other parents of children with NPD?	Yes or No
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Would you like to receive the NNPDF Newsletter?	Yes or No
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Signature		Date	
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Please complete this form and save it to your computer, then print, sign and date, and return it to the NNPDF via fax (920-563-0931), or by mail to: NNPDF; P.O. Box 49, Fort Atkinson, WI, 53538. Thank you!

Office use only	Date rec'd		Rec'd by		Form rev. 9/10
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