



**Narcolepsy Network, Inc.**  
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## YEAR 2008 INDIVIDUAL MEMBERSHIP FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip +4 \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail\*: \_\_\_\_\_ Fax: \_\_\_\_\_ Age\*\* (opt'l) \_\_\_\_\_

\*For privacy and to avoid blocked emails, we recommend providing a non-work email address.

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

How would you like to receive the quarterly newsletter? \_\_\_\_\_ postal mail **OR** \_\_\_\_\_ email attachment (PDF)

I \_\_\_ do \_\_\_ do not wish to receive email from Narcolepsy Network.

New members: How did you hear about us? \_\_\_\_\_

**2008 INDIVIDUAL MEMBERSHIP DUES**      \_\_\_\_\_ new      \_\_\_\_\_ renewal  
 \_\_\_\_\_ \$35 - 1 Year Member      \_\_\_\_\_ \$150 - 5 Year Member      \_\_\_\_\_ \$ 750 - Lifetime Member  
 \_\_\_\_\_ \$ \_\_\_\_\_ 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 \$ \_\_\_\_\_

\_\_\_\_\_ **PLEDGE:** I wish to pledge an annual gift of \$ \_\_\_\_\_ to be paid with the enclosed amount and three (3) more quarterly installments of \$ \_\_\_\_\_ each. (Reminder notices will be sent).

Please make your CHECK payable to NARCOLEPSY NETWORK, INC. Mail form and payment to: Narcolepsy Network, Inc. • 79A Main Street • North Kingstown, RI 02852. Forms with credit card payments may be faxed to (401) 633-6567.

**All amounts are payable in U.S. DOLLARS by check, money order, or credit card. Funds may be sent from outside the U.S. or Canada by wire transfer. Please call for information. Narcolepsy Network, Inc. (NN) is a 501(c)(3) non-profit organization. Any donation over the amount of dues is tax deductible. NN will send a receipt for all donations. 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: \_\_\_\_\_ signature: \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### **SURVEY OF INTERESTS, NEEDS AND SKILLS**

**(Requested of new members and renewing members who have not previously completed or wish to update.)**

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 live 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)