



Narcolepsy Network, Inc.  
129 Waterwheel Lane, North Kingstown, Rhode Island 02852  
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E-mail: [narnet@narcolepsynetwork.org](mailto:narnet@narcolepsynetwork.org)  
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## PROFESSIONAL MEMBERSHIP FORM

(Membership year is July 1<sup>st</sup> till June 30<sup>th</sup> of the next year)

Organization/Sleep Center/Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

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

I would like to receive the quarterly newsletter by \_\_\_ surface mail or \_\_\_ email

**MEMBERSHIP DUES:** \_\_\_ new member \_\_\_ renewing member \_\_\_ date

\_\_\_ \$150 Sleep Center \_\_\_ \$75 Professional

\_\_\_ **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. • 129 Waterwheel Lane • North Kingstown, RI 02852.

**All amounts are payable in U.S. DOLLARS by check, money order, or credit card. Checks must be drawn on a U.S. bank. Please call for information. Narcolepsy Network, Inc. (NN) is a 501(c)(3) non-profit organization under IRC Sec 501(c)(3). 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:

Credit card type (please circle): Visa Master Card

CARDHOLDER NAME: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-4 Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please complete back of form**

The following information is requested so we can provide the applicable member benefits:

**MEMBERSHIP CERTIFICATE**

Name as you wish it to appear on Certificate of Membership:

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I wish to purchase a frame (black leatherette with gold accenting) from Narcolepsy Network (\$18, including S/H):  Yes  No

**SUPPORT GROUP INFORMATION:**

I am interested in starting a narcolepsy support group. Please send me information.

I facilitate the following support group:

Group's Name \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Is this support group limited to your patients? Y/N  If not, who may participate? \_\_\_\_\_

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I would like our Narcolepsy Support group listed on Narcolepsy Network's website.

**GENERAL (check all that apply)**

- AASM-accredited sleep center.
- Board-certified sleep professional
- Sleep Researcher
- Physician in private practice (Medical specialty \_\_\_\_\_)
- Sleep Center  Other Organization  Sleep Professional

Which benefits do you value most? \_\_\_\_\_

Other benefits you would like us to offer \_\_\_\_\_

Number of Narcolepsy /Hypersomnia patients diagnosed and/or treated per year (estimate) \_\_\_\_\_

YOU  MAY  MAY NOT give my name to patients seeking a Sleep Center, physician or other professional through Narcolepsy Network.

I  DO  DO NOT wish to be listed on Narcolepsy Network's website as a Sleep Center and/or Professional Member.

Names (for surface mail delivery) or email addresses (if web access is preferred) of Sleep Center staff who wish to receive our newsletter: Professional membership limit of 3. Sleep Center membership limit of 10

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