



# MEMBERSHIP REGISTRATION FORM

National Niemann-Pick-Disease Foundation, Inc.

PO Box 49, Fort Atkinson, WI 53538-0049 USA

PH: 920-563-0930 | FAX: 920-563-0931 | EMAIL: nnpdf@nnpdf.org | WEB: nnpdf.org

Membership is open to families, extended family, friends, and supporters of those diagnosed with Niemann-Pick Disease. **Upon receipt of your online registration, an NNPFD representative will contact you to schedule a brief 10 minute conversation (at your convenience) to further complete your membership registration.** If you have any questions please contact us at 920-563-0930 or nnpdf@nnpdf.org.

|  |   |                 |  |   |                                       |
|--|---|-----------------|--|---|---------------------------------------|
| <b>Membership Option:</b>  | <input type="radio"/> Family <input type="radio"/> Extended Family <input type="radio"/> Friend/Supporter <input type="radio"/> _____ |                 |  |   |                                       |
| <b>Family Name:</b><br>PARENT(S)/GUARDIAN(S)   | PARENT/GUARDIAN #1  |                 | PARENT/GUARDIAN #2   |   |                                       |
| <b>Phone:</b>  | PARENT/GUARDIAN #1<br><input type="radio"/> CELL<br><input type="radio"/> HOME  |                 | PARENT/GUARDIAN #2<br><input type="radio"/> CELL<br><input type="radio"/> HOME |   |                                       |
| <b>Email:</b>  | PARENT/GUARDIAN #1  |                 | PARENT/GUARDIAN #2   |   |                                       |
| <b>Mailing Address:</b>  | ADDRESS   |                 |  |   |                                       |
|  | CITY, STATE, ZIP  |                 |  | <input type="radio"/> PROVINCE:<br><input type="radio"/> COUNTRY: |                                       |
| <b>Is the NPD affected individual living at this residence?</b><br><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOT APPLICABLE |   |                 | <b>What is your relationship to the NPD affected individual(s)?</b>            |   |                                       |
| <b>NPD INDIVIDUAL(S)</b><br>(Full Names)   |   | <b>NPD Type</b> | <b>M F</b>   | <b>Date of Birth</b>  | <b>Date of Death</b><br>If applicable |
|  |   |                 |  |   |                                       |
|  |   |                 |  |   |                                       |
|  |   |                 |  |   |                                       |
| <b>Diagnostic Center</b>   | NAME  |                 |  |   |                                       |
|  | ADDRESS   |                 |  |   |                                       |
| <b>Diagnostic Physician</b>  | NAME  |                 |  |   |                                       |
|  | ADDRESS   |                 |  |   |                                       |
| <b>Current Treating Center</b>   | NAME  |                 |  |   |                                       |
|  | ADDRESS   |                 |  |   |                                       |
| <b>Current Treating Physician</b>  | NAME  |                 |  |   |                                       |
|  | ADDRESS   |                 |  |   |                                       |
| <b>Non-Affected Child(ren)</b> (Full Names)  |   |                 | <b>M F</b>   | <b>Date of Birth</b>  | <b>Date of Death</b><br>If applicable |
|  |   |                 |  |   |                                       |
|  |   |                 |  |   |                                       |
|  |   |                 |  |   |                                       |
|  |   |                 |  |   |                                       |
| <b>Signature:</b>  |   |                 |  | <b>Date:</b>  |                                       |

Complete this form and save it to your computer. Then print, sign, date and return to the NNPFD.  
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