



CANADIAN CHAPTER OF THE NATIONAL
NIEMANN-PICK
DISEASE FOUNDATION INC.

**Canadian Chapter of the
National Niemann-Pick Disease Foundation, Inc.**

www.nnpdf.ca

Mail to: c/o NNPDP

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 CCNNPDF/NNPDF provides services to families in Canada 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 foundation support to 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 NNPDP by fax or mail.

Name: <i>(Parent(s)/Guardian(s))</i>						
Mailing Address		City, State, Postal Code		Country		
Telephone		Work/ Cell				
Email		Alternate Email				
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		
Would you like to receive the NNPDP Newsletter?				Yes or No		
Signature					Date	

Please complete this form and save it to your computer, then print, sign and date, and return it to the NNPDP via fax (920-563-0931), or by mail to: NNPDP; P.O. Box 49, Fort Atkinson, WI, 53538. Thank you!

Office use only	Date rec'd		Rec'd by		Form rev. 3/10
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