

Contact person/Title	
Address	
City	
State	
ZIP/Country	
Contact's email	
Telephone number	
Fax number	
Organization's email	
Website address	
Date of application (mm/dd/yyyy)	

Please submit 1 copy of the application and label attachments as follows:	YES/NO
Attachment A - Letter from IRS indicating your agency's 501(c)3 status exempt from federal tax or show that you have applied for tax exemption.	
Attachment B - Dated Articles of Incorporation. (mission and programs must be compatible with NORD's)	
Attachment C - Dated Bylaws	
Attachment D - Names and addresses of Board members. (minimum of three members required) By-law page #___ Article___ Section___	
Attachment E - List of dates and locations of Board meetings held during the previous fiscal year. (minimum 3 meetings annually with majority in attendance required) By-law page #_____ Article_____ Section_____	
Attachment F - Names and addresses of Medical Advisors. (minimum of three members required) By-law page #_____ Article_____ Section_____	
Attachment G - A copy of the privacy policy that protects the identity of patients and families.	
Attachment H - Most recent and complete 990 IRS Form. If your agency has not filed, please explain.	
Attachment I - Most recent annual report. (made available to the public upon request)	
Attachment J - Recent newsletter(s); educational materials (i.e. pamphlets, brochures)	
Attachment K – Executive Director or President's Bio background summary	

NOTE: IF DOCUMENTATION REQUESTED IS NOT ENCLOSED, PLEASE EXPLAIN. (New, small and/or local organizations applying for ASSOCIATE membership may be reviewed with less documentation. Membership Committee will determine if sufficient information has been received. Please send any documents and information available. It is to your advantage that the Committee gets as complete a picture of your organization as possible.)

Associate Organization membership allows those organizations that do not yet qualify for National membership to enjoy similar benefits of organizational members, except for voting privileges. Voting rights are limited as specified in NORD's Bylaws. Organizations and support groups that have applied but are not yet tax exempt, based outside of the United States, are local rather than national service agencies, clinics, chapters of national organizations, or do not yet conform to all of the requirements for full organizational membership, may qualify as "Associate Members." These agencies receive **ORPHAN DISEASE UPDATE** and **NORD On-Line** bulletins. All organizational members are listed on the front of NORD's stationery, as space permits.

Annual Dues for Associate members are \$50 and are payable upon notification of membership approval.

SEND TO:

NORD, National Organization for Rare Disorders

Attn: Organization Membership Committee

P.O. Box 1968, 55 Kenosia Ave.

Danbury, CT 06813-1968 USA

Your application for Associate Membership in NORD

will be processed at NORD's next Board of Directors Meeting

**If you have any questions, please contact Susan Olivo, Development Associate,
solivo@rarediseases.org 203-744-0100 x232**