

Organization name	
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)	
Materials Needed: Please label attachments as follows:	Yes/No
Attachment A - Letter from IRS indicating your agency's 501(c)3 status.	
Attachment B - Dated Articles of Incorporation that conform to the standards of charitable institutions, and are not structured to serve people of a specific political, religious, or racial identity.	
Attachment C - Dated Bylaws.	
Attachment D - Names and addresses of geographically diverse Board members with identified committee service. (The Board must have working committees). Bylaw page: _____ Article: _____ Section: _____ requiring a minimum of 5 Board members . (Required, and more is encouraged). Bylaw page: _____ Article: _____ Section: _____ requiring a minimum of 3 Board meetings annually with a majority in attendance. At least one annual meetings should be face-to-face, and others can be electronic meetings.	
Attachment E – Names, addresses, and contact information for Medical/Scientific Advisors. (A minimum of three members is required, and more encouraged).	

Attachment F – A copy of your organization’s most recent IRS 990 Form or IRS 990EZ Filing Form.	
Materials: Please label attachments as follows:	Yes/No
Attachment G – Copy of the organization’s financial statement and/or audit report for the most recent fiscal year. (Required to be made available to the public on request).	
Attachment H - Copy of most recent Annual Report (Which must be made available to the public upon request).	
Attachment I - Samples of educational materials that are distributed to the public (e.g., pamphlets, newsletters, etc.)	
Attachment J - Copy of Board approved annual budget. (Dated to show Board approval).	
Attachment K - Copy of privacy policy that protects the identity of patients and families by Board resolution or by bylaw’s: Page:_____ Article:_____ Section:_____.	
Attachment L - Copy of conflict-of-interest policy for Board members and staff by Board resolution or by bylaw’s: Page:_____ Article:_____ Section:_____.	
Attachment M – Copy of Mission statement. (Mission and programs must be compatible with NORD’s)	
Attachment N – Bio Background Summary for Executive Director or President	

NOTE: IF DOCUMENTATION REQUESTED IS NOT ENCLOSED, PLEASE EXPLAIN.

National Organization Members are national, 501(c)(3) tax-exempt agencies having bylaws indicating an organizational structure that is responsive to the needs of constituents, compatible with NORD’s mission, and conforming to acceptable standards of nonprofit charities.

Annual Dues are based upon the national agencies yearly operating budget for the previous year. Operating budget is defined as “gross annual income.” Membership dues are payable upon notification of membership approval.

2007 Operating Budget	2008 Dues	2007 Operating Budget	2008 Dues
Under \$50,000	\$ 75	\$500,001 to \$750,000	\$400
\$50,001 to \$100,000	\$150	\$750,001 to \$1,000,000	\$500
\$100,001 to \$250,000	\$200	\$1,000,001 to \$2,000,000	\$700
\$250,001 to \$500,000	\$300	OVER 2,000,001	\$900

SEND TO: NORD

Susan Olivo

55 Kenosia Ave., P.O. Box 1968

Danbury, CT 06813-1968, USA

Your application for National Organization 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