Application for NORD Organization Membership

Organization Name_____

Primary Contact _____

Address _____

City _____State/Country _____Zip_____

Organization Phone # _____

Cell Phone # _____Fax#_____

Contact's Email _____

Website Address _____Date: _____

Please submit the following documents as noted below.

1. Proof of tax-exempt status pursuant to Section 501(c)(3) of the Internal Revenue Code, except as noted below for certain Associate Membership categories. Please check whether you are applying for National (with voting privileges) or Associate Membership.

a. National Membership: Proof of 501(c)(3) tax-exempt non-profit status. _____

b. Associate Membership: Includes organizations that have filed for 501(c)(3) tax-exempt non-profit status, with approval anticipated within one year; organizations that are local or chapters of US national organizations; or organizations who are based outside the U.S., submit documentation of status. _____

2. Dated by-laws, with the following requirements:

a. Mission and programs that are compatible with NORD's goals of being patient-centered, and advocating on behalf of patients in the rare disease community. _____

b. Names and addresses of a minimum of five Board members. A committee structure for the board is recommended. _____

c. Minimum of two board meetings annually with a majority in attendance. _____

d. Minimum of three Medical/Scientific Advisors in place, although a larger committee is recommended. _____

e. Annual Budget approved by the Board, with supporting minutes from the Board meeting showing approval. _____

3. Policy requirements:

a. Conflict-of-interest policy for Board and Staff. _____

b. Privacy Policy that protects the identity of patients and families is recommended. _____

In addition, patient organizations applying for NORD membership are asked to send samples of any of the following materials as an example of the work of their organization: Annual Report and/or samples of educational materials that are distributed to the public.

Application Process

The completed application and required documents are to be sent electronically, or by mail to:

NORD
Attn: Susan Olivo
55 Kenosia Ave, P.O. Box 1968
Danbury, CT 06813-1968
USA

solivo@rarediseases.org

The application is reviewed by NORD's Membership Committee before being presented to the NORD Board of Directors. After the review, which takes approximately 6-8 weeks, you will be notified in writing of the decision regarding membership in NORD. We sincerely appreciate your interest in becoming a member of NORD and joining together with us as part of our membership community to work on behalf of patients with rare diseases.

The NORD Membership Committee reserves the right to deny membership or to discontinue membership of any organization found to be out of conformance with NORD's membership policy.

Annual dues are payable upon notification of membership approval

Annual Dues for **Associate** members are $50 (per above criteria)

Annual Dues for **National** membership are based upon the national organization's annual operating budget for the previous year. Operating budget is defined as "gross annual income." Membership dues are payable upon notification of membership approval.

2012 Operating Budget	2013 Dues	2012 Operating Budget	2013 Dues
UNDER $25,000/$50,000	$50/$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