

MEMBER PROFILE



In our efforts to meet the needs of our current members and offer the best support for newly diagnosed individuals, we are asking you to take a moment to complete the information below.

Our group sponsors events throughout the province, participates in awareness campaigns, and offers informational meetings. It is not possible for all our members to meet in person so we rely on telephone, mail, or other forms of electronic contact. This network of friends offers emotional support and the sharing of information with other members seeking support.

NAME: _____
ADDRESS: _____
TELEPHONE: _____ CELL: _____
EMAIL: _____ BIRTHDAY: _____
ALTERNATE: _____

***please indicate your preferred method of contact*

MY FAMILY: _____

DOCTORS:

Primary Physician: _____ Neurologist: _____
Geneticist: _____ Ophthalmologist: _____

I am interested in connecting with (check as many as you like):

<input type="checkbox"/> Adults with NF1	<input type="checkbox"/> Parents of children with NF
<input type="checkbox"/> Adults with NF2 or Schwannomatosis	<input type="checkbox"/> Parents of teens with NF
<input type="checkbox"/> Support Group in _____	<input type="checkbox"/> Other

I am willing to be contacted by others in similar situations that are in need of support
 I would like to be contacted by an MBNF Executive

Briefly describe yourself and your situation:

I authorize MBNF to share the information above with other members

Signature: _____ Date: _____