

## NBIA Disorders Association Networking Form

Please print out, complete, and mail this form to:

NBIA Disorders Association  
2082 Monaco Ct.  
El Cajon, CA 92019-4235

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone # (optional): \_\_\_\_\_

E-Mail Address (optional): \_\_\_\_\_

State your relationship to the person with the rare disorder: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: NBIA cannot network without a signature on this form.

Information on affected individuals:

Name: \_\_\_\_\_

Sex: M F      Age: \_\_\_\_\_      Age at onset: \_\_\_\_\_      Siblings?: Y N

Other info: \_\_\_\_\_