



UKAN

Narcolepsy Association UK

P.O. Box 13842, Penicuik, Midlothian. EH26 8WX

Telephone: 0845 4500 394, **Fax:** 0870 777 3039

Email: info@narcolepsy.org.uk

Website: www.narcolepsy.org.uk

Registered Charity No. 326361

INDIVIDUAL MEMBERSHIP FORM

The information you provide will be treated with the strictest confidentiality.

Name:		Date:
Address:		City:
County:		Post Code:
Tel Home:	Tel Work:	Mobile:
E-mail:	Fax:	Age:

By quoting your e mail address you confirm you are happy for UKAN to contact you by email

How would you like to receive CatNap (4 copies/year)? Post or Email:

New Members – How did you hear about UKAN?

MEMBERSHIP	NEW: <input type="checkbox"/>	RENEWAL: <input type="checkbox"/>
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What is your reason for becoming a member of UKAN?

- I am a narcoleptic
- I am a relative or carer of someone with narcolepsy
- If your child has narcolepsy (please state their age: yrs: _____)
- I am a health professional (please state speciality: _____)
- Other: _____

From time to time UKAN is contacted by members of the media, looking for people with narcolepsy to take part in newspaper articles /TV interviews etc. Would you be interested in receiving details from UKAN of such requests? Yes No

Please note it is entirely at your own discretion to enter into communication with media representatives – UKAN will simply pass on the details of the request to you (we will NOT pass on your details to the media). However, we are happy to support anyone who wishes to get involved, so please let us know if you are interested.

UKAN is a nonprofit organization, governed by and existing for our members. We wish to expand our network by serving present members and extending our resources to all persons with narcolepsy. Your personal interests and participation are important.

1. Your gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2. Your occupation	<input type="checkbox"/> Student (-18)	<input type="checkbox"/> Full time employment
	<input type="checkbox"/> Student (18+)	<input type="checkbox"/> Part time employment

		<input type="checkbox"/> Unable to work due to narcolepsy	<input type="checkbox"/> Other (specify) _____
3. Which symptoms do you have ? (Check any which apply)	<input type="checkbox"/> Excessive daytime Sleepiness		<input type="checkbox"/> Cataplexy
	<input type="checkbox"/> Automatic behaviour		<input type="checkbox"/> Sleep Paralysis
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Other _____	
4. Have you officially diagnosed as having narcolepsy? If 'Yes' how and when were you diagnosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____		
5. How long between your first symptoms and being diagnosed?	<input type="checkbox"/> Under one year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years
	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 11 to 20 years	<input type="checkbox"/> Over 20 years
	<input type="checkbox"/> Never been diagnosed		
6. What medication do you take for your narcolepsy? (Please state if you do not take any medication):	_____ _____		
7. Do you drive? If 'Yes', what type of driving license do you have and how often do you have to renew it?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	_____ _____ _____		
8. Do you receive any state benefits as a result of your narcolepsy If 'Yes' please specify	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	_____ _____ _____		
9. Your top concerns List the top three issues that concern you most about having narcolepsy.	1. _____ _____		
	2. _____ _____		
3. _____ _____			
10. Do you have Internet access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Do you use the UKAN website (www.narcolepsy.org.uk)? If 'Yes' which parts? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Are you in regular contact with other UKAN members? If 'Yes' how (eg. phone, email, meet in person etc.)? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you happy for UKAN to pass on your contact details to other members – eg. if someone was looking to contact members in the 'town X' area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Regional groups Do you belong to, or are you aware of any regional support groups for narcoleptics in your area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'Yes' please provide details	_____

If 'No' would you be interested in joining a group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Or running it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Have you ever been to a UKAN conference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Travel- How far would you be willing to travel to attend such a Conference?				
<input type="checkbox"/> Less than 10 miles	<input type="checkbox"/> 10-50 miles	<input type="checkbox"/> 50-100 miles	<input type="checkbox"/> Over 100 miles	<input type="checkbox"/> not attend

Please use the space below to provide any other comments on how you feel UKAN can improve its service to members, or any other comments you have on narcolepsy in general:

**All information you provide will be kept strictly confidential.
If you have any queries, please contact UKAN at www.narcolepsy.org.uk**

Do you use the bulletin board on the website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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METHODS OF PAYMENT

I hereby apply for membership for UKAN (UK Narcolepsy Association) and enclose payment as follows:

Annual Membership (UK & Europe) £10 – Outside Europe £15	
Voluntary Donation	
Total:	

Please enclose payments in Sterling only and make cheques payable to “UKAN”, alternatively use the standing order form below:

Gift Aid Declaration: Using Gift Aid means that for every pound you give, we get an extra 28 pence from the Inland Revenue, helping your donation go further.

If you are a UK taxpayer and want to take advantage of Gift Aid, please confirm the statement below by ticking the check box provided.

I want all donations I've made to UKAN since 6 April 2000 and all donations in future to be treated as Gift Aid donations until I notify you otherwise.

Note: to qualify for Gift Aid, what you pay in income or capital gains tax must at least equal the amount we will claim in the tax year.

Are you a UK Tax Payer? Yes No

STANDING ORDER

TO.....**Bank plc/Building Society** **Sort Code** ___ - ___ - ___

Address of Bank:
Postcode:

PLEASE PAY to: Royal Bank of Scotland, Sheffield, Attercliffe branch, (sort code 16-12-21)
 Quoting Reference No..... (leave blank)
for the credit of the NARCOLEPSY ASSOCIATION (UK) A/C No. 12005550

£10 (ten pounds) / £. (. pounds) on the last day of December 20.... and
£10 (ten pounds) / £. (. pounds) on the last day of December each year thereafter
 or until cancelled by me/us in writing. (If you wish to include a donation with your membership, delete the sums specified and write a larger amount in the spaces provided)

This cancels and supersedes any previous order in the payee's favour.

Account to be debited, named **No.** |_|_|_|_|_|_|_|_|

Signed Date.....20