



The Northern California Chapter of The Neuropathy Association

Hope through caring and education

PO Box 6985, Auburn, CA 95604 (877) 622-6298

www.pnhelp.org

info@pnhelp.org

First Name

Middle Name/Initial (optional)

Last Name

**Please be sure to enter your name above exactly as you
want it on your membership card and correspondence**

(optional)
Honorific (i.e., Mr./Mrs./Ms./Dr., etc.)

M F
Sex

Optional: Spouse or other household member if you want that person included in addressed mail

Relationship

Address

City

State

Zip

()

Primary Phone Number

Home

Work

Cell

()

Alternative Phone Number

Home

Work

Cell

E-Mail Address

Occupation (if retired, please also state your previous occupation)

Please indicate:

New member

Renewal for _____ (enter year)

Please indicate which support group you attend: _____

OR No specific group (Member at Large)

How would you like to receive the newsletter?

By E-Mail (address required) Through Standard Mail
(e-mailing helps us reduce printing and mailing costs)

Are you a member of The Neuropathy Association (our national organization)?

Yes

No

Tax-deductible dues are \$24 a year, pro-rated at \$2 per month for *new members* joining during the year.

Please make checks payable to NCCNA and give your check or cash with this form to your group treasurer or mail (please, no cash) to the Membership Chair at the address above. Dues is per household.

\$ _____
Total Dues

+

\$ _____
Optional contribution

= \$ _____

Total tax-deductible amount enclosed

Please provide the following information so we may serve you better

*(NOTE: This information is used only to help us provide useful information and address member concerns.
No information is shared with third parties, except some aggregate data used for grant applications or research.)*

Are you diabetic?

Yes

No

What are your primary symptoms? (check all that affect you frequently)

Burning

Numbness

Coordination problems

Sharp, stabbing pain

Cold

Pins and needles

Difficulties walking or standing

Electrical sensations

Weakness in limbs

Tingling

Sensitivity to touch or pressure

General pain

Sensation of glove or stocking

Other: _____

Not personally afflicted

What caused your neuropathy?

Diabetes

Infections

Nutritional deficiencies

Immune system disorders

Hormonal Diseases

Trauma

Drugs, alcohol or toxins

Cancer/Chemotherapy

Impaired Circulation

Tumors

Gluten intolerance (celiac sprue)

Idiopathic

Heredity/Genetics

Unknown

Other: _____

Not personally afflicted

How did you hear about the Northern California Chapter of the Neuropathy Association?

Brochure

Internet

Magazine or Newspaper

National Association

Poster

Event

Radio or Television

Health care provider

Friend/Other Person

Other: _____

What do you hope to receive by being involved in NCCNA? (check all that apply)

Information

Support

Understanding of my situation

Provide aid to group or others

Treatment ideas

Friendship

Other: _____

Not personally afflicted

Coping strategies

Sympathy