

Become a NAF Advocate!

By completing and submitting this form, you'll be able to receive Action Alerts and important updates. This is entirely free and is especially important when our collective efforts are needed the most to ensure access to appropriate care and treatments for neuropathy patients.

Name _____ Title _____

Organization Name _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Fax _____

Please take a moment to tell us more about you and your interest in neuropathy:

I am a: (Please check one or more boxes.)

- Patient
- Caregiver
- Family Member
- Physician
- Other Healthcare Provider
- Other _____

I would like to: (Please check all that apply.)

- Receive free NAF updates by email
- Learn more about neuropathy advocacy opportunities
- Find out how my organization could partner with the NAF
- Volunteer at the NAF
- Contribute to the NAF
- Other _____

The NAF will **NOT** use this information with anyone else or any other group

Please Return Completed Form To:

Neuropathy Action Foundation
110 Pacific Avenue #131
San Francisco, CA 94111
Info@NeuropathyAction.org