



**National Participant Network (NPN)
GENERAL MEMBERSHIP FORM**

Thank you for your interest in joining the National Participant Network. In order to create the strongest possible organization representing people with disabilities and their experiences with participant direction, please help us learn the following information about you. We appreciate your time and willingness to share about yourself.

NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PLEASE CHECK IF YOU DO NOT HAVE ACCESS TO EMAIL

HOW DID YOU LEARN ABOUT THE NATIONAL PARTICIPANT NETWORK (NPN)?

It is important to the National Participant Network (NPN) that we represent people from diverse backgrounds. Please check all that apply to you (this will be kept confidential)

- I am under the age of 30
- I am between the ages of 30 and 65
- I am over the age of 65
- I am a person with a physical disability
- I am a person with an intellectual disability
- I am a person with a traumatic brain injury
- I am a person with a mental health disability
- I am a family member of someone with a physical disability
- I am a family member of someone with an intellectual disability
- I am a family member of someone with a traumatic brain injury
- I am a family member of someone with a mental health disability
- I provide direct care to a family member with a disability
- I provide direct care to a non family member with a disability
- I work for a group that provides assistance to persons with disabilities
- I am employed by the state
- I am a veteran
- I am served by a participant–directed program
- I provide services or goods within a participant–directed program
- I am interested in learning about participant–directed programs
- I am interested in starting an information sharing and networking group regarding participant–directed programs within my state
- I am currently a member of an information sharing and networking group regarding participant–directed programs within my state
- I live in an urban area
- I live in a suburban area
- I live in a rural area
- I live in a frontier area

Thank you! If you have any questions, please do not hesitate to contact us at membership@wearenpn.org