

Welcome to our NPF community:

To join the NET Patient Foundation community, please complete the form below.

First name	
Last name	
Date of birth	
Are you a	<input type="checkbox"/> Patient What is your NET primary site? _____ <input type="checkbox"/> Not known <input type="checkbox"/> Supporter (e. g. family, friend) <input type="checkbox"/> Healthcare Professional <input type="checkbox"/> Fundraiser <input type="checkbox"/> Donor <input type="checkbox"/> Other (please state): _____
Do you attend a NET Natter Group	<input type="checkbox"/> Yes. Name of group _____ <input type="checkbox"/> No Would you like to receive information about NET Natter Meetings? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Address	
Postcode	
Country	<input type="checkbox"/> England <input type="checkbox"/> Scotland <input type="checkbox"/> Wales <input type="checkbox"/> NI <input type="checkbox"/> Other (please state): _____
Email	
Telephone	
Today's date:	Signature:

Keeping in touch

Your support is vital and we'd love to keep you posted with our news, activities and appeals. Your details will only be used by the NET Patient Foundation – we will never give your information to other organisations to use for their own purposes. You are free to change your mind at any time.

Please tell us if you would be happy for us to contact you:

I would be happy to be contacted by the NET Patient Foundation

I am happy to be contacted by:

POST EMAIL TEXT PHONE Other (please state): _____

I would NOT be happy to be contacted by the NET Patient Foundation

To see our Privacy Policy please visit our website www.netpatientfoundation.org.