



## rare bone disease alliance

### Membership Application

Please complete this short form so we can get to know your group better. The RBDA Steering Committee approves all new members and will get back to you shortly. Thank you for your interest in the RBDA!

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Please answer the questions below:

1. Is your organization a registered 501c3?

Yes  No

2. Does your disorder involve bone in a significant way?

Yes  No

3. Do you have a board of directors with a minimum of three members?

Yes  No

4. Do you have a designated person serving as the organization's director or CEO?

Yes  No

5. Do you have a medical advisory or scientific advisory board?

Yes  No

6. Do you have an active website that patients and medical professionals can access for information?

Yes  No

Please feel free to share any additional information you would like below:

Please send your completed application to [mbonardi@oif.org](mailto:mbonardi@oif.org).