



Aniridia Foundation International Membership Form

First Name: _____ Last Name: _____

Spouse Name: _____ (circle one) Male or Female

I am a (check all that apply) **use checkboxes that may have more than one checked**

Parent of a child with aniridia.

I have aniridia. My birthdate is: (month/day/year) _____

I am a teacher with aniridia students. Please suggest the parents join also.

I am a doctor with aniridia patients. Send me _____ (#) brochure packets

I am a researcher. I am researching _____

Children with aniridia: (name) _____ Birthdate: _____

(name) _____ Birthdate: _____

(name) _____ Birthdate: _____

Children WITHOUT aniridia: _____

CONTACT INFORMATION *(please make sure you keep all this information current so that you will continue to receive information, member benefits and new research) Help us hold down costs by contacting us when your information below changes. All returned mail, emails or phone numbers will result in membership termination and an administrative fee will be assessed to re-join.*

Address: _____ 2nd line: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Country Code: _____

Phone: _____ Cell Phone: _____

Email: _____ *If you would like a spouse or relative added to the members only area also please provide the emails below.*

Name (first, last) _____ Relationship to you: _____

Their email: _____ Do they want the newsletter? No Yes

MEMBERSHIP

I would like my FREE quarterly newsletter "Eye on Aniridia" by (check one):

(check boxes) Large print via postal mail

Email in PDF format (can open with Adobe Acrobat Reader)

Audio Cassette via postal mail

Donations to help with costs of this service are greatly appreciated.

Our doctors would like to receive "Aniridia InSight", a newsletter for physicians and researchers, twice a year. (Please insert their business cards. If they would prefer to receive it as an email PDF, have them write their email address on back of the card.)

(check boxes) By Mail (let the staff know that this is NOT unsolicited mail)

Via email PDF (this email will only be used by us and not shared with anyone)

BEING AN ACTIVE MEMBER:

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I would like to be on a committee to help with: (check all boxes that apply)

(check boxes) The medical conferences and socials

Corporate Fundraising, United Way Payroll Deduction Program

Grant writing (we will teach you but strong writing skills are encouraged)

HOPE Scholarship Fund (raising money to help needy people attend the medical conferences)

Help with website (keeping current, researching for new articles, etc)

Newsletter staff (article writing, gathering, advertising, etc)

Fundraising events (planning, executing, charity auctions, golf tournaments)

Graphics and Printing (various projects for those in that industry)

Volunteer Database (creating database of volunteers, skills and contacting – this includes community volunteers not only members)

We understand not all people have time to volunteer. However, with a couple hours a week, it can really help. If you find that you can not volunteer your time, there are other ways to help like making a yearly or monthly donation (by check, credit card or monthly debit) OR providing a personal contact name of your friend, colleague or family member's business or foundation to contact for support, OR hosting a fundraising event (dinner party, cocktail, garage sale, ideas are endless)

WELCOME TO ANIRIDIA FOUNDATION INTERNATIONAL

Once your member form is processed, you will receive a membership packet with information, our brochures, your member ID and password for the online Members Only area, and the International Aniridia Medical Registry questionnaire. This registry questionnaire is very important to gaining data so that we can have researchers have something to study...only this way we will move towards a cure. Please participate in this Phase I project. For more information, see your newsletter, the website (www.aniridia.net) or call us at 901-448-2380.

IF YOU WISH TO DONATE, you can do it by phone or online at our website www.aniridia.net with a credit card in our secure area or by check (mail). Make a note of our phone, email and address for your records and easy reference.

Aniridia Foundation International
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We are a 501(c)3 non profit organization. All donations are tax deductible.

Website: www.aniridia.net
Email: info@aniridia.net

Phone: 901-448-2380
Fax: 901-448-2382