ANN Membership/Donation Form

Print this form to snail mail a membership enrollment and/or donation form. ANN, Inc. asks that you mail the form with a check or Money Order. Please DO NOT mail cash. Please also consider filling out the optional questionnaire, which follows the membership form on this page.

_____ New Member  _____ Renewal (check one)

_____ Mr.  _____ Mrs.  _____ Ms.  _____ other (fill in)  ______ (check one)

First Name:_________________________  Last Name:_________________________

Address:____________________________  Address2:__________________________

City _____________________________

State ______  Zip ___________  Country _______________________

Phone: __________________________________________

E-mail:_________________________________________

Organization:____________________________________

Payment Enclosed (select one or more)

_____ 1 year Individual/Family Membership $50

_____ 2 Year Individual/Family Membership $95 $5.00 discount.

_____ Lifetime Individual/Family Membership $500

_____ 1 Year Patron Membership $250

_____ Lifetime Patron Membership $2,500

_____ Optional Donation $_______ (Tax Deductable)
Students Only (Must be a student and provide school information)

_____ 1 Year Student Membership $25
_____ 2 Year Student Membership $45 $5.00 discount.

School __________________________ Year expected to graduate __________

Year __________________________ Expected Major ______________________
(Freshman, Masters, etc.)

Please make check or money orders payable to the American Nystagmus Network, Inc. All monetary values are stated in US dollars.

Mail to:

American Nystagmus Network, Inc.
303-D Beltline Place, #321
Decatur, Alabama 35603
Attn: Membership

ANN Questionnaire

ANN collects information to assist in service delivery to its members and to provide data and contact information to the medical community. Kindly complete the questionnaire and include it with your completed membership form. This questionnaire is optional and will not be shared without explicit permission.

Date of Birth: ____________ (person with Nystagmus)

Who has Nystagmus:

_____ Self

_____ Child

_____ Grandchild

_____ Other Family member

_____ None/Other

Updated 12/5/2011
Other Relationship to Nystagmus Community

____ Eye Care Professional
____ Other Medical Professional/Medical Researcher
____ Social Worker
____ Other, please explain: __________________________________________________

How did you find out about ANN, Inc.?

____ Internet
____ Another Individual
____ Another Organization (Name:_____________________________________________)
____ Radio, TV, Newspaper
____ Other, please describe: __________________________________________________

To the best of your understanding, what type of nystagmus do you have?

___________________________________________________________________

___________________________________________________________________

May ANN, Inc. give your name and addresses to other members? _________

May ANN, Inc. give your name and addresses to medical researchers? _________

Any Other Comments