



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 _____

(Freshman, Masters, etc.)

Expected Major _____

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

Other Relationship to Nystagmus Community

___ Eye Care Professional

___ Othew 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
