



## 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

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**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?**

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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
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