

## AFI Member Form

Date Received: \_\_\_\_\_

### I am a (check all that apply):

- \_\_\_\_ Parent of a child with aniridia who is 17 years or younger  
\_\_\_\_ Parent of a child with aniridia who is now an adult (fill in relative w/ aniridia below)  
\_\_\_\_ I have aniridia. My birthdate is: (M/D/Y) \_\_\_\_\_  
\_\_\_\_ My relative has aniridia. He/she is my \_\_\_\_\_ Male or Female \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: (M/D/Y) \_\_\_\_\_

*(Employment information helps AFI find opportunities to utilize member skills and company donation matching programs. AFI will never contact companies. Sporadic Aniridia means neither parent has aniridia; Familial Aniridia means that a parent has aniridia. Race is asked for statistical research data. If genetic testing has been done, please attach all genetic reports for the AFI Medical Registry.)*

### Annual Member Fee and Level Selection

I will pay my annual member fee of \$120 by \_\_\_\_ check or \_\_\_\_ credit card as described below.

Please refer to your membership brochure and select a member level:

- \_\_\_\_ Stargazer Circle with \$ \_\_\_\_\_ monthly donations (not required but encouraged)  
\_\_\_\_ Angel Circle with \$ \_\_\_\_\_ monthly donations (refer to brochure for range)  
\_\_\_\_ Guardian Angel Circle with \$ \_\_\_\_\_ monthly donations (refer to brochure for range)  
\_\_\_\_ Archangel Circle with \$ \_\_\_\_\_ monthly donations (refer to brochure for range)

### Monthly Donations:

To set up your monthly sustenance donation for your circle level, go to [http://weblink.donorperfect.com/AFI\\_MONTHLY](http://weblink.donorperfect.com/AFI_MONTHLY)

### Member submissions:

**Online submissions:** Fill in the pdf form and send via email to [register\\_afi@make-a-miracle.org](mailto:register_afi@make-a-miracle.org). To pay your annual member fee of \$120, submit your payment via credit card to <http://weblink.donorperfect.com/fee>.

*(Please note: If you are a Mac user, please do not fill in the form using Mac Preview. Download the pdf file and use Acrobat Reader instead.)*

**Submission by postal mail:** Fill in, print form and mail along with your check payable to "Aniridia Foundation International" to our address:

Aniridia Foundation International  
P.O. Box 5705  
Charlottesville, VA 22905

**Head of Household**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Area of Employment: \_\_\_\_\_ Company: \_\_\_\_\_

**If diagnosed with aniridia, please fill out the following:** Birthdate (M/D/Y): \_\_\_\_\_

Sporadic or Familial: \_\_\_\_\_ Race: \_\_\_\_\_

**Spouse**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Area of Employment: \_\_\_\_\_ Company: \_\_\_\_\_

**If diagnosed with aniridia, please fill out the following:** Birthdate (M/D/Y): \_\_\_\_\_

Sporadic or Familial: \_\_\_\_\_ Race: \_\_\_\_\_

**Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If outside of USA, list province and country: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_**Cell Phone:** \_\_\_\_\_ **Spouse Cell Phone:** \_\_\_\_\_**Preferred Email:** \_\_\_\_\_**Secondary Email:** \_\_\_\_\_*(Please put aniridia@make-a-miracle.org in your address books to avoid important information mailings and invitations going into your SPAM folder.)***Children under 18 years with aniridia****Child 1:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_\_\_ Sporadic, Familial \_\_\_\_\_ Has WAGR? \_\_\_\_\_

Race \_\_\_\_\_ Has had genetic testing? (yes or no) \_\_\_\_\_ Contact me \_\_\_\_\_

**Child 2:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_\_\_ Sporadic, Familial \_\_\_\_\_ Has WAGR? \_\_\_\_\_

Race \_\_\_\_\_ Has had genetic testing? (yes or no) \_\_\_\_\_ Contact me \_\_\_\_\_

**Child 3:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_\_\_ Sporadic, Familial \_\_\_\_\_ Has WAGR? \_\_\_\_\_

Race \_\_\_\_\_ Has had genetic testing? (yes or no) \_\_\_\_\_ Contact me \_\_\_\_\_

*(continued)*

**Child 4:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_  
Birthdate (M/D/Y): \_\_\_\_\_ Sporadic, Familial \_\_\_\_\_ Has WAGR? \_\_\_\_\_  
Race \_\_\_\_\_ Has had genetic testing? (yes or no) \_\_\_\_\_ Contact me \_\_\_\_\_

*(If you have more than four children with aniridia, please attach a sheet of paper or additional word document.)*

### **Children without aniridia**

*(Registered children will be allowed to attend conferences, social gatherings, children's programs with their siblings and help with family statistical information.)*

Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

### **To help AFI evaluate communications and activities, our household uses:**

\_\_\_ Zoomtext Software Used by: \_\_\_\_\_ (name(s))

\_\_\_ Screen Reader (Audio) Software Used by: \_\_\_\_\_ (name(s))

\_\_\_ Guide Dog Used by: \_\_\_\_\_ (name(s))

### **Tax deduction receipt choice:**

We are a 501(c)3 non-profit organization and all donations are tax deductible.

I would like our tax deduction receipt letter to be sent: via email \_\_\_ via postal mail \_\_\_

*(All those who donate monthly will receive a year-end receipt.)*

**Website:** [www.make-a-miracle.org](http://www.make-a-miracle.org) **Phone:** (901) 409-1600

Aniridia Foundation International (AFI) will use postal mailings, emails and notices on our private members' website to share important, timely information. Please keep your contact information up to date by contacting the AFI office. AFI does not give out members' personal information. We recommend you do not list your contact information in your profile on our private members' website and we cannot take responsibility for your information in your profile being shared with others.

While we offer an international registration to share information and support, all AFI funding and activities will take place in the USA. We welcome and invite our active international members to attend our "Make a Miracle" conferences and other events.

Volunteers are needed the more we grow so that we can continue to put our funding into programs, research and supporting those with aniridia instead of hiring paid staff. We have come so far in 15 years. Help us keep up the momentum towards better treatments, and a cure. Please contact the AFI office if you would like a volunteer application, and AFI will help find you a volunteer position. And remember, if you do not have the time to volunteer, you can still help by becoming a monthly donor.