



Aniridia Foundation International Registration Form

*All information collected here is held in strict confidence
and will not be shared with anyone without your approval.*

First Name: _____ Last Name: _____

My Race is: _____ (for our aniridia research)

I am: ___ Male ___ Female Spouse's Full Name: _____

I am a (check all that apply): Spouse's Race: _____

___ Parent of a child with aniridia.

___ I have aniridia. My birthdate is: (Month/Day/Year) _____

___ My relative has aniridia. He/she is my _____

His/her name is: _____ His/her birthdate is: _____

Children with aniridia:

1. _____ Birthdate _____ Has WAGR? Y / N ___

2. _____ Birthdate _____ Has WAGR? Y / N ___

3. _____ Birthdate _____ Has WAGR? Y / N ___

4. _____ Birthdate _____ Has WAGR? Y / N ___

Children without aniridia:

1. _____ Birth Year _____

2. _____ Birth Year _____

3. _____ Birth Year _____

4. _____ Birth Year _____

Please list family members with aniridia who have had genetic testing.

Please attach your results or contact AFI to begin an AFI medical registry file.

Contact Information

(Please keep this information current. Newsletters, conference info and other benefits will cease if mail or emails are returned.)

Address: _____

2nd Address: _____

City: _____ State/Province: _____ Zip code: _____

Country: _____

Email: _____ Spouse's Email: _____

Phone: _____ Cell Phone: _____

Spouse's Cell Phone: _____

Occupations and Skills (Information will not be used to contact employers but as a resource for skills, consulting or volunteering needs.)

Your Area of employment: _____

Your Title: _____

Employer: _____

Spouse's Area of employment: _____

Spouse's Title: _____

Spouse's Employer: _____

(Includes stay-at-home parents!)

Do your employers have a United Way or company payroll charity contribution or matching gift program? Y / N _____

Would you like to register for our password protected, private website? Y / N _____
(Join us on our private message boards to ask questions, share experiences, and family photos. You can also friend us on facebook under Aniridia Foundation International.)

If you would also like to register a spouse or relative, please provide their information:

Name (First, Last) _____ Relationship to you: _____

Address: _____

2nd Address: _____

City: _____ State/Province: _____ Zip code: _____

Country: _____

Phone: _____ Cell Phone: _____

Email: _____

Would he/she also like to get our newsletter? Y / N _____

Would he/she like to register for our password protected, private website? Y / N _____

The AFI Newsletter

AFI Boosters with current addresses will be sent the FREE **“Eye on Aniridia”** newsletter. What is the best way to send it?:

___ I prefer postal mail.

___ I prefer to get it through email as a PDF file. *(Default for international boosters.)*

___ I use an enlarging program; email it in PDF *(Opens with Adobe Acrobat Reader.)*

___ I need it in an audio format. *(Please contact our office at 434-243-3357.)*

Become Active with AFI

I will become active in AFI by volunteering with: *(check all that apply)*

___ Becoming a monthly, quarterly or annual donor,

I am pledging \$ _____ per ___ month ___ quarter ___ year

___ Becoming a donor through my company’s United Way Payroll Deduction Program

Company name _____

___ Medical Conferences and Socials

___ Becoming a Committee Chair

___ Computer data entry or phone calling

___ Corporate Fundraising

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

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

___ HOPE Scholarship Fund *(Helping Other People in need)*

___ Fundraising Events *(planning, executing, charity auctions, golf tournaments)*

___ Newsletter Staff *(article writing, gathering, advertising, etc)*

___ AFI Website *(keeping current, researching for new articles, etc)*

___ AFI Social Media *(posting information and spreading awareness)*

Be part of our International Team

I am fluent in the following languages: _____

____ I would like to help translate materials.

____ I would like to help AFI communicate with those who speak this language.

____ I would like to help with funding outside the USA.

Comments or Suggestions: _____

Membership Dues

Since AFI does not charge membership fees or dues, please consider being an active donor so advancements in aniridia research, education and patient support can continue. You can donate by phone, online with a credit card (especially international donors), or by check. See below for contact information.

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

Aniridia Foundation International

c/o UVa Ophthalmology
P.O. Box 800715
Charlottesville, VA 22908-0715

Website: www.make-a-miracle.org

Phone: (434) 243-3357

To submit your form electronically send to register@aniridia.net or print out and mail to the address above.

Once a member, make sure your address book has members@aniridia.net to receive important messages and newsletters.