



NOAH® Membership Application

Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone (Day) _____ (Evening) _____ E-mail _____

NOAH Networking

I am willing to connect with people/families with albinism in my area.

Albinism Research

I wish to receive information about participating in albinism research projects.

Relationship

Person with albinism Parent/Grandparent/Guardian Professional Other

Year of birth of person (s) with albinism in your family: _____

Annual Membership Dues (payable via check, money order, or credit card in US Funds)

\$30 United States \$35 International \$40 Agency/Professional

Please consider making an additional contribution \$ _____ Total Enclosed \$ _____

Credit Card Payment (may be faxed to 800.648.2310)

To pay your dues by Visa or MasterCard, please complete the following information.

Cardholder Name _____ MC _____ Visa _____

Billing Address _____

Credit Card # _____ Expiration Date ____/____/____

Amount Authorized _____ Signature _____

NOAH is a non-profit organization run by volunteers and funded by contributions of its members, their families, and friends. Donations are tax-deductible. NOAH's objectives are to provide information and support for individuals with albinism and their families, to promote public and professional education about this condition, and to encourage research and research funding that will lead to improved diagnosis and treatment. NOAH does not diagnose, treat, or provide genetic counseling.

Send completed form and payment to: NOAH, PO Box 959 East Hampstead, NH 03826-0959