



Membership Application

This is the official membership application for "The Albinism Alliance Group". This application has been created to complete and file a record of registered members of the organization. No information reported and filed with the organization shall be shared with outside marketers without expressed permission. To file a request for release of information please submit written signed notice.

We are seeking positive individuals from ALL ethnic backgrounds who possess various interests, careers, vocational training, formal education backgrounds and life experiences. All TAAG membership applicants must desire to support this organizations mission to bridge the gap of mis-understanding about albinism by actively participating as member of this positive support network. Creativity, high energy, and/or articulate innovation are a plus! Please read below for additional membership information.

Do you have albinism ? Yes No

If yes, what type of albinism do you have

Oculocutaneous: Ty-Negative or Ty-Positive
Ocular: (Eyes Only) X-Linked: (Mother to Son)

Do you have relatives with albinism ? Yes No

Do you have friends with albinism ? Yes No

Are you independently researching albinism ? Yes No

Are you independently researching albinism for school or scientific purposes ? Yes No

Please Print Information Below

First Name

Last Name

Street or P.O. Box Mailing Address

City

State

Zip Code

E-mail Address:

Personal Website Url

Age

Ethnic Background

Sex/Gender

Do Not Write in this Area (Office Use ONLY!)

Date Reviewed ____/____/____ Monies Submitted Paypal US mail Not received
Total # Under Membership _____ Type of Membership Requested _____
Membership Approved By _____

Thank you for considering membership with The Albinism Alliance Group! We look forward to getting to know more about you. Please tell us why you would like to become a member and how you heard about us.

If completing application for Volunteer, Interview or Professional Membership, please enter information below to reference business or agency represented. Be sure to list a contact number and email address for verification purposes. Thank you.

Name of Business _____ Supervisor/Manager/Owner _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Website URL _____ Line of Business _____

Please select a membership type below. Monies can be conveniently paid from Paypal online. You may also forward payments by US mail. Please email us with questions.

Individual/Couple: (1-2) \$ 35.00 <input type="checkbox"/>	Family/Group: (3-6) \$ 60.00 <input type="checkbox"/>	Chapter Charter: (7-12) \$ 90.00 <input type="checkbox"/>
Volunteer (1) \$ 25.00 <input type="checkbox"/>	Professional/Corporate Sponsorship: (N/A) \$ 150.00 <input type="checkbox"/>	Other Amount _____
Grassroots Affiliation: (12+) \$ 100.00 <input type="checkbox"/> (Research/interview requests should forwarded to by email)		

Date: ____/____/____

Signature: _____

