

😊😊😊 **Questionnaire** 😊😊😊

1. What is your family name and contact information?

Name(s): _____

E-Mail: _____

Phone: _____

Address: _____

Your information will NOT be given out without your consent

2. Regarding the members in your family, who has Albinism and what is her/her age?

3. Are you currently a member of NOAH (National Organization of Albinism and Hypopigmentation)?

YES

NO

4. Are you interested in forming a local NOAH chapter in South Texas?

YES

NO

5. How often would you be able to meet as a group?

6. How often would you like to have events?

7. How often would you like to have:

- Adult only get-togethers?
- Teen get-togethers?
- Play dates for our little ones?

8. What type of events would you like to see in our group?

9. What are your goals for the group? Social, informative, charitable aspirations?

10. I would like to build a data base of doctors for new members, and especially new parents. Please list any doctors you see (Pediatricians, General practice, Dermatologists, Ophthalmologists, Optomologists,etc) regardless of the city they're located in. If you do not have that information now please send it to me via e-mail (see info. packet). Thank you.

Please turn in or mail or fax to:
NOAH • Attn: Lori for South Texas Chapter • PO Box 959 •
East Hampstead, NH 03826-0959 • Fax: 800-648-2310
OR scan & email to stxnoahmom@yahoo.com
<http://stx.albinism.org>

Comments / Suggestions: