

Joubert Syndrome & Related Disorders Foundation
414 Hungerford Drive, Suite 252
Rockville, MD 20850
614-864-1362
info@jsrdf.org

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Dear Friends and Family,

2010 promises to be an exciting, yet challenging, year for the Joubert Syndrome & Related Disorders Foundation.

Donations that are received by the Foundation are used to cover many expenses, such as those associated with hosting a conference. As a result of the costs that are incurred, we have to look for other ways to reduce the expenses associated with running a Foundation.

Our Foundation is now in its 18th year! We continue to focus on specific goals and will continue those efforts in 2010. We will continue to increase participation in the JSRDF BioBank and other research studies; increase awareness of Joubert Syndrome & Related Disorders within our communities; enhance our database; and improve our fundraising efforts. Our most important goal, however, continues to be providing support to you, our families! We hope you continue to join us as we strive to achieve these goals in 2010!

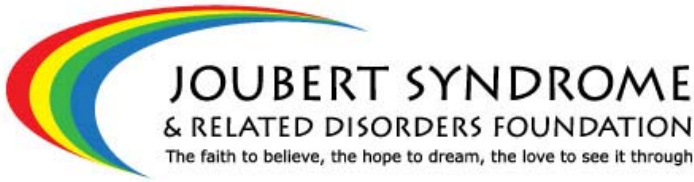
We need your financial support. Our minimum membership contribution for 2010 remains at \$35.00 and now we are sharing that membership fee with families outside the USA. Your membership dues will help fund the JS & RDF cover expenses such as the foundation website, and JSRDF BioBank, and research efforts. Your paid membership, and active participation in fundraisers, continues to be necessary for our Foundation's survival.

This membership letter is emailed to all families in our database. Please take a few moments to update your family information. Please complete the membership application and return it with your membership payment to The Joubert Syndrome Foundation and Related Cerebellar Disorders, c/o Jon Morgan 414 Hungerford Dr., Ste. 252, Rockville, MD 20850. You can also pay your membership fees online through the foundation website at <http://www.joubertfoundation.com/Donations.asp>. If you do pay via PayPal please update your address, telephone and email address in the comment box on PayPal. If you are unable to make a payment due to a financial hardship, and would like to be a member of the Foundation, please send us your updated information with a note that you'd like to remain a member. If you would like to be removed from the database, please indicate that as well.

Thank you in advance for your continued support of the Joubert Syndrome Foundation. Best wishes to all of you for a healthy and happy 2010!

Sincerely,

JSRDF
Foundation Tax ID #52-1871536



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2010 JSF&RCD Membership Application

Please provide information for all of the following sections so we may update our database. Thanks!

Your Name: _____

Child(ren)'s Name: _____ Date(s) of Birth: _____
(or name of person(s) affected by Joubert Syndrome and your relation to them)

Sibling(s) Name(s): _____

Address: _____
(City, State, Zip Code)

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Please provide any additional information you would like us to know about your child, or list any questions you may have for other parents regarding your child, that we can share in our newsletter.

____ Yes, I want to continue to be on the mailing list. Enclosed is my contribution for 2010.

_____ \$35.00 Family Membership

____ I cannot afford the minimum contribution at this time, but would like to continue to be part of the Foundation. Enclosed is \$_____.

____ I would like to be removed from the Foundation database for the following reason:

Please send your payment (US Currency Only) by April 1, 2010 to:

The Joubert Syndrome and Related Disorders Foundation
c/o Jon Morgan, Treasurer, 414 Hungerford Dr., Ste. 252, Rockville, MD

Online payments can be made at <http://www.joubertfoundation.com/Donations.asp> through Paypal OR you can mail in your credit card information with the form below

I would like to pay by credit card. Please circle: VISA MASTERCARD

Name: _____

Address: _____

Phone Number: _____ Amount: _____

Account Number: (Please print clearly) _____

Expiration Date: _____ Signature: _____

____ Yes, my gift will be matched by my company: _____

(company name)

____ Yes, I would like to volunteer for the Foundation. Please have someone contact me at _____ (phone number) or email address _____

Thank you!