



AUSTRALIAN ADDISON'S DISEASE ASSOCIATION INC.

48 Glassop Street
BALMAIN
N.S.W. 2041
Australia

e: info@addisons.org.au w: www.addisons.org.au p: 0455 534472
ABN: 60 466 289 835

MEMBERSHIP FORM 2017

Please FULLY complete the following in **BLOCK LETTERS** and forward to:

The Treasurer, Australian Addison's Disease Association Inc., 48 Glassop Street, Balmain, NSW 2041 Australia

I have paid via: Cheque/Money Order

EFT*

PayPal

\$30 for membership within Australia

\$35 for membership outside Australia

and an optional donation of \$_____

**EFT - please make sure you put
your name in the reference
Bank: Westpac BSB: 032 576
Account: 269471
Acc. Name: Australian Addison's
Disease Association Inc.*

OFFICE USE ONLY

Date Rec:

Rec No:

Mem \$

Donation \$

Title:		
Surname:		
Given name(s):		
Date of birth:		
Postal address:		
Town/City:		
Postcode:	State:	Country:
Phone:	()	
Mobile:		
Email:		
GP:		Ph No.
Endocrinologist:		Ph No.
Only to be completed by new members or members whose details have changed		
Next of Kin contact details	Name:	Ph:
When were you diagnosed with Addison's disease?	Year:	
I have (tick one)	Primary Addison's <input type="checkbox"/> Secondary Addison's <input type="checkbox"/> Other <input type="checkbox"/>	
Details of Other		
I wish/don't wish to make contact with other members in my area:	By phone <input type="checkbox"/> by email <input type="checkbox"/>	
How would you like to receive your newsletter?	Email <input type="checkbox"/> Post <input type="checkbox"/>	