



# AUSTRALIAN ADDISON'S DISEASE ASSOCIATION INC.

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

e: [info@addisons.org.au](mailto:info@addisons.org.au) w: [www.addisons.org.au](http://www.addisons.org.au) p: 0455 534472  
ABN: 60 466 289 835

This form has two sides. Use other side if you do not have an adrenal insufficiency.

## MEMBERSHIP FORM 2018

**Complete this side only if you have primary or secondary adrenal insufficiency or are a guardian filling the form for someone else.**

Turn over if you are a family member or supporter joining the Association.

Guardians, we need your contact details as well. Complete side 2 as well as side 1.

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

I have paid via: Cheque/Money Order

EFT\*

PayPal

\$35 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

### OFFICE USE ONLY

Date Rec:

Rec No:

Mem \$      Donation \$

Title:	<b>USE BLOCK LETTERS IN THESE BOXES</b>	
Surname:		
Given name(s):		
Date of birth:		
Postal address:		
Town/City:		
Postcode:	State:	Country:
Phone:	(    )	
Mobile:		
Email:		
Endocrinologist:		Ph No.
Endo's email:		
GP name/practice:		Ph No.
GP email:		
<b>Only to be completed for new members or members whose details have changed</b>		
I have (tick one): Primary adrenal insufficiency (Addison's disease) <input type="checkbox"/> Secondary adrenal insufficiency <input type="checkbox"/> Other <input type="checkbox"/>		
Details of Other		
When were you diagnosed with adrenal insufficiency?	Year:	
I wish/don't wish to make contact with other	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"/>	
Next of Kin contact details	Name:	Ph:

Or complete form online at: <https://addisons.org.au/payments/membership-au-12months/>

The Australian Addison's Disease Association conforms to the requirements of the Privacy Act in the way it collects, stores & uses the information provided by its members and applicants.



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## MEMBERSHIP FORM 2018

**Complete this side if you are a family member or supporter joining the Association.**

**Guardians please complete your own details on this side and use the other side for details of your person and payment.**

Please 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

**\$35 for membership within Australia**

**\$35 for membership outside Australia**

and an optional donation of \$ \_\_\_\_\_

Tick if you are a guardian

**OR** giving a membership  
for someone else

**(Fill in other side for person)**

*\*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*

### OFFICE USE ONLY

Date Rec:

Rec No:

Mem \$      Donation \$

Title:	<b>USE BLOCK LETTERS IN THESE BOXES</b>	
Surname:		
Given name(s):		
Date of birth:	(Optional)	
Postal address:		
Town/City:		
Postcode:	State:	Country:
Phone:	(    )	
Mobile:		
Email:		

Or complete form online at: <https://addisons.org.au/payments/membership-au-12months/>

The constitution of the Australian Addison's Disease Association Incorporated (AADAI) makes membership open to people living with adrenal insufficiency and to others who share the goals of the Association – notably family and friends of those living with the condition.

New member's kits are sent to Australian members with adrenal insufficiency on first joining soon after the form is processed. This kit contains information to help you begin living well with adrenal insufficiency. Postage rates make it impractical to send the kit overseas where, because of varying medical protocols, it has less relevance.

Guardians of children and incapacitated applicants use this form so information goes to the guardian..

Gift memberships are also possible for family/friend. **Use both side as for guardians** but ticking the box above will have the information sent to that person.

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