



Australian Addison's Disease Association Inc. (AADAI)

Raising Awareness of Addison's Disease & Supplying a Caring Network for Members and their Families

48 Glassop Street, Balmain NSW 2041

0455 534 472

info@addisons.org.au

www.addisons.org.au

ABN: 60 466 289 835

PAGE 1

MEMBERSHIP FORM 2020

I have paid \$35 (Australia and overseas) via: Cheque/Money Order EFT* PayPal

OFFICE USE ONLY

Date Rec:

Rec No:

Mem \$

Donation \$

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

I am completing this for myself (page 1 only) as a parent, guardian or carer (page 1 and page 2)

Title:	USE BLOCK LETTERS IN THESE BOXES	
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:		
Only to be completed for new members or members whose details have changed		
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?	Year:	
Your best contact is:	by phone <input type="checkbox"/> by mobile <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:

Return to: **Australian Addison's Disease Association Inc., 48 Glassop Street, Balmain, NSW 2041 Australia**

Or complete the online form 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.





PAGE 2

MEMBERSHIP FORM 2020

ONLY complete this page if you are a family member or supporter joining the Association.

Parents/guardians/carers please complete your own details on this side

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 \$35 (Australia and overseas) via: Cheque/Money Order EFT* PayPal

I am a parent/carer/guardian

OR

I am giving a membership

for someone else

(Fill in page 1 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

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

Return to: **Australian Addison's Disease Association Inc., 48 Glassop Street, Balmain, NSW 2041 Australia**

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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.

New member's kits are sent to **Australian members only** with adrenal insufficiency on first joining when the form is processed. This kit contains information to help you begin living well with adrenal insufficiency.

Parents/guardians of children and carers use this form, so information goes to you.

Gift memberships are also possible for family/friend. **Please fill in pages 1 and 2.**

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