AADAI
Australian Addison's Disease Association Inc

Australian Addison's Disease News

Issue 147
December 2024

Take charge of your health in 2025

As 2025 approaches, the Australian Addison's Disease Association (AADAI) is encouraging members to embrace self-advocacy and proactive health management.

Living with adrenal insufficiency requires more than just treatment—it requires empowerment, education and preparation.

AADAI President Bronwyn Monro emphasised the importance of advocating for your own health.

"The more you understand your condition, the more confident you'll feel in managing it. Knowledge truly is power," she said.

"By taking charge, you can better navigate your healthcare journey and ensure you receive the care you deserve.

"The digital age has given us unprecedented access to resources that can make a real difference.

"From connecting with others to emergency protocols, everything you need to know is now at your fingertips. It's all about making the most of what's available.

"The AADAI website remains a great repository of information and we continue to build our information resources for members. You can also find details of a range of new information resources in this newsletter.

"Wishing everyone a wonderful Christmas break and a happy and healthy 2025!"

In this edition…

President's Message

This newsletter marks the end of a successful year of advocacy for our Association, along with several education events, such as our annual seminar and the three 2024 Solu-Cortef Injection Training Workshops. These training events gave participants and carers/families hands-on practical experience that enhanced their skills and confidence in managing the injection.

It is with sadness that we farewell Kerry Wheeler from the Executive Committee. Kerry has been our very active Vice-President and led our Advocacy Committee. She has written many of the Fact Sheets and run the Social Media outreach. She led the approach to Pfizer about issues with using Solu-Cortef. We thank Pfizer for responding by funding the injection training days in Sydney, Canberra and Melbourne. Thank you Kerry.

There have been a lot of member catch-ups, all enjoyable from reports that have come in. I attended an excellent lunch while in Adelaide for the South Australia group. Thanks Kaye for organising this, and thanks to Linda for efforts with the Victorian group.

I was in Adelaide for the Endocrine Society of Australia conference. Our Association ran an information booth and we talked with many endocrinologists and advanced endocrinology students, as well as endocrine nurses who attended. I came back needing to send out an unprecedented number of new member kits – and I wondered if our advocacy to these conferences was resulting in so many referrals. By the way, welcome to our many new members. Renewing members carry the work forward – thank you to you, also.

Our advocacy effort at the international level also continues. International Consortium meetings bring together representatives of adrenal insufficiency national groups to discuss developments. One recent outcome was a decision to hold an International Adrenal and Pituitary Awareness Day on 7 April.

I still have International Steroid Cards for travel in Europe, contact me if you would like one.

The Annual General Meeting on Zoom on 13 October saw the Executive Committee welcome four new members. For report see page 5, and you can meet one of the new Committee members, Emily, on page 9.

A huge thanks to Geoff Mullins and Julia Kelly for coordinating the practical move of our membership database to *MembershipWorks*. Philippa Rickards helped with planning this move. It has been a lot of work.

Enjoy the holiday season. Happy New Year. Stay cool and hydrated.

Bronwyn Monro

A special way to say, 'Well done!'

I felt very privileged to be with Bronwyn today to present to Kerry these beautiful flowers as a small thank you for her immeasurable service to the AADAI.

Many of you may not be aware of Kerry's contribution over the years.

She worked tirelessly behind the scenes to enhance the integrity of the Association in areas such as - the newsletter, Australian ambulance protocols, fact sheets, emergency kit for hospital and travel, international links with other Addison's support groups, working with Bronwyn to use money donated by Pfizer for emergency injection sessions, attending endocrine conferences to promote the Association to endocrinologists and endocrine nurses, organising planning days, helping run our New South Wales seminars ..... and so much more.

As a fellow Addisonian and previous committee member, I have benefited personally from all she has done and I am eternally grateful.

Janne McDonald

Making Headlines: Addison's in the news

Addison's disease in spotlight after TikTok star's death

NOVEMBER 2024: Around 2,500 Australians are living with a rare chronic condition often missed by doctors. So what is Addison's disease, and how can those suffering from it access treatment?

In October, the rare disease led to the tragic death of a 25-year-old TikTok star. This led to considerable media coverage of Addison's disease.

In a TikTok posted on 8 August, Taylor Rousseau Grigg told her nearly 1.5 million followers that she hadn't been feeling like herself in a long time.

In the nearly nine-minute video, Rousseau Grigg opened up about a recent struggle to maintain her trademark vibrance, feeling as though she was fighting for life each day.

Having only recently received a diagnosis after suffering a steady health decline for almost 12 months, Rousseau Grigg chose not to disclose her exact diagnosis at the time, later adding in a comment that her current health struggles go some way in explaining the changes to her appearance.

But tragically, less than two months on from her video, a representative of the family shared that Rousseau Grigg had died from complications of asthma and Addison's disease.

READ the full Body + Soul article, featuring AADAI President Bronwyn Monro, here:

https://www.bodyandsoul.com.au/health/what-is-addisons-disease/news-story/0665826ea3728b205953d00922719c1a

Emergency kits recommended for people with AI

AUGUST 2024: People with adrenal insufficiency should be given an emergency medical kit with potentially life-saving steroid injections, according to a new clinical guideline by the UK's National Institute for Health and Care Excellence.

The kits would be used help those with primary or secondary adrenal insufficiency to treat and avoid an adrenal crisis and the need to go to hospital for emergency treatment.

The recommendation is included in a new clinical guideline on identifying and managing adrenal insufficiency in people of all ages.

The recommendation details the standard equipment and information that would be contained in each proposed kit, including an intramuscular hydrocortisone injections, syringes, and needles.

The guideline also recommends that training on how and when to use the kits should be given to people with the condition, close family members and carers.

The guideline reminds people with adrenal insufficiency to increase tablet glucocorticoid doses if they are unwell, and to call an ambulance or attend an emergency department if they become unwell and think they are developing an adrenal crisis.

In 2022-23, there were 1,220 hospital admissions for adrenal crisis in the UK. An adrenal crisis occurs when the levels of cortisol in a person's body fall significantly. It is a medical emergency and if left untreated it can be fatal.

https://www.nice.org.uk/news/articles/emergency-kits-for-people-with-adrenal-insufficiency-recommended-to-avoid-hospital-admission

Member news

A MELBOURNE EVENT
Note in your diary | Bring supporters

BONUS
Free Event

SAVE *the* DATE

SOLU-CORTEF® INJECTION TRAINING WORKSHOP

Saturday, 5 April 2025
2.30pm to 4.30pm

Refreshments provided.
Watch for registration details on addisons.org.au/events

RYDGES HOTEL
186 Exhibition Street
Melbourne VIC 3000

USE THIS EVENT AS YOUR FIRST TRAINING OR AS A REFRESHER

Canberra Solu-Cortef injection demonstration and practice

Canberra put on a warm reception on Saturday 7 September for its first emergency injection seminar sponsored by Pfizer.

It was wonderful to see so many newly diagnosed people joining well experienced members to take the opportunity to become familiar, or re-familiarise themselves, with the Solu-Cortef Injection. The Association was on hand with many valuable resources and excitingly each attendee was given a calico bag holding the classic rainbow case containing items to assist with the emergency injection. It is important to ensure the emergency injection is always on hand.

Attendees were also fortunate to have nurses, Alkeema, Jitha and Jen (pictured), from the Canberra Hospital endocrine department to present an overview of adrenal insufficiency and answer questions before taking participants through injection practice demonstrations. The Pfizer team also attended and brought the demonstration vials.

It was a lovely opportunity to meet new and old members and their supportive families, swapping stories and offering support. Our thanks go out to Pfizer for sponsoring this and further events across Australia over the next few months.

We must also not forget the hard work of Kerry and Bronwyn and family, which got the day off the ground and ensured that everyone felt welcomed and supported.

If there is an event scheduled near you, whether you be newly diagnosed or you have had this condition for many years, I highly recommend you take the time to attend. It's very useful to have the opportunity to see a demonstration and have a practice of the injection process, and meet up with others.

Liv Stefek

Member News

Annual General Meeting

On Sunday 13 October 2024 members from around the nation came together for the annual general meeting of the AADAI. With 36 people on the Zoom call and a further 20 apologies, there's a continuing healthy interest in the administration and management of our association. Di Carlen chaired, and reports were given by our wonderful executive and sub-committee leads.

It's certainly been a busy and productive year for the association. We are fortunate to have hardworking, capable and motivated volunteers and the AGM showcases their dedicated contributions behind the scenes. Particular acknowledgment went to Kerry Wheeler who has stepped down after 20 years involvement.

The next committee was elected with two vacancies available for the positions of vice president and secretary. Please contact President Bronwyn if you're interested in either of these roles which can be taken up at any time – no need to wait for the next AGM.

Natasha Russell

Election of Executive Committee

Office Bearers	
President	Bronwyn Monro
Vice President	No nomination received
Secretary	No nomination received
Treasurer	Philippa Rickards

Ordinary Members of the Committee

Di Carlen	Emily Dorahy
Saskia Holloway	Linda Hobbs
Julia Kelly	Sarah Lendon
Terri McDonald	Liz Warning

All nominees above declared elected

Appointed positions

Newsletter editor	Matt Hart
Webmaster	Matthew Dyball
Webgroup convenor	Geoff Mullins

No election needed

How to jab Solu-Cortef ... into an orange

Ever wondered what your partner, kids or besties would do in an Addisonian crisis? Would your nervous six-year-old be able to save the day, injecting Solu-Cortef? Would they have the sense to call triple-zero – or even know what to say?

On October 27, family, friends and medical professionals – stepped up and took the bull by the horns – with a Solu-Cortef training session at Alfred Hospital's Innovation and Education Hub, Melbourne. It follows similar events in Sydney and Canberra earlier in the year, thanks to a grant from Pfizer. Nearly 70 people were taught how to mix the powder and liquid in the vial, draw it up – and give the life-saving medication to … an orange. (Well, let's pretend it's a person…)

While there were some nervous people having a crack at saving their crisis-riddled oranges, it really wasn't that hard. It was reiterated several times that at the end of the day, you have to get the Solu-Cortef into the person – and get it in quick smart. The type of needle or exact site is nowhere near as important as the ticking clock. The session was relaxed, friendly and a chance to meet others in the same boat.

Gabe

Administration Update

AADAI has changed to the Bendigo Bank. **Please ensure you update any saved accounts** in your internet banking to reflect the new account when paying your membership or making a donation.

Australian Addisons Disease Association Incorporated: Bendigo Bank — BSB 633 000 — Account 218 784 932

Member News

Victorian Addison's group update

The November meeting talked about:

- If you aren't feeling nauseous and have had a major event, should you just take extra cortisone or should you inject? The unanimous decision was you should inject. Solu-Cortef is to avoid a crisis, not only to stop s crisis.
- The different tests people have and how often
- Reactions to the shingles vaccine and other vaccines. It was quite common that people had a bad reaction and needed to up dose.
- Upcoming events including a Christmas outing to the Melbourne Zoo on 8 December and a walk along the Yarra on 18 January 2025.
- To join the WhatsApp group, please give Linda your mobile number.

Alison Talbot

Sydney catch-up

On a lovely Saturday morning on the 14 September, 12 Sydney members with adrenal insufficiency and two supportive family members met around a large table at On Cowell Cafe in Gladesville.

There were three new members among the many meeting for the first time. The previous Sydney catch-up was before the pandemic, so it was an important milestone for Sydney members.

Stories, experiences, tips and laughs were shared. Sitting around a table together knowing that everyone there lives with adrenal insufficiency was empowering: it really was a cup replenishing morning. The next Sydney catch up will be Saturday 1 February 2025, the location is still be decided. Keep an eye out for the email with all the details. Everyone is invited, not only Sydney members.

Liz Warning

South Australian catch-up

We had a wonderful meet-up at the Tower Hotel over a long lunch on 9 November, with 13 in attendance. Several people attended for the first time (or for the first time in many years) and it was great to see some new faces.

This time we also had a special guest: Bronwyn was able to come as she was in Adelaide for an endocrine conference. She brought an array of updated literature as well as overseas medical ID cards and adrenal insufficiency wristbands and spoke about the Association's activities and plans.

We also heard from a new member about immunotherapy-induced adrenal insufficiency and how there will be increasing incidences of this due to the expanding use of these drugs to treat multiple forms of metastatic cancer.

A big thank you goes to Kaye for regularly organizing these events — they are always a wonderful way to connect with others and share our experiences with someone who "gets it."

Sierra Laidman

Member news

Brisbane Rare Diseases Summit 2024

I attended Rare Voices Australia's National Rare Disease Summit on the 15 and 16 of November in Brisbane. The Summit convened representatives from across the rare disease sector, including clinicians, government officials, researchers, lawyers, and patient advocacy groups.

> *A core theme of the Summit was the need to foster sector-wide collaboration to drive systemic change. This informed the panel discussions and workshops, which focused on how to achieve better outcomes for people living with a rare disease through education and awareness, research and data, and care and support. Representatives discussed their experiences and insights on how to achieve change through these mechanisms, and shared best-practice strategies for people to bring to their own rare disease contexts and agendas.*

There were repeated calls from panellists and representatives for the establishment of a governance and accountability architecture for rare diseases within the Australian Government, and centres for expertise that bring together patients, clinicians, and researchers.

Government officials responsible for overseeing funding to rare disease groups and initiatives cautioned that funding would be directed to proposals that promote systemic change. Rare disease groups that had recently secured funding had been successful because they applied as a collective, rather than individually.

While the 7,000 rare diseases known to clinicians have their own distinct features and histories, there are commonalities across diseases and in terms of patient needs and experiences that can form the basis for ongoing collaboration. Identifying opportunities to work together, and to continue to have a voice in policy and sector-wide forums is critical to achieving better outcomes, not only for people with Addison's disease, but also for the broader sector.

Saskia Holloway

A positive Emergency Department experience

I picked up the dreaded Norovirus from my youngest grandson, who is in his first year of day care. At 1am, I got my husband to call 000 for an ambulance as I knew the vomiting and diarrhoea was not going to stop and I suddenly felt shivery and cold. The person responding to our call said she would stay on the phone until the ambulance arrived (that's never happened before), which was very reassuring for me.

The Paramedics were very calm and confident and after presenting them with my little 'Emergency Kit' with all my information (thank you to the Advocacy Committee who've spent many a year putting this together and for keeping it updated. It is invaluable.) and my Solu-Cortef pack, they decided a trip to Emergency was needed. Once in the ambulance, they put a cannula into my arm, gave me something to stop vomiting and diarrhoea and hydrocortisone and off we went.

I arrived at The Northern Beaches Hospital at about 2am, wheeled into a cubicle very quickly, I handed them my "Emergency Kit", which they carefully looked through, asked me how I was feeling, checked my blood pressure and gave me fluids.

Due to the low blood pressure, they wouldn't let me leave so an overnight stay was arranged.

They managed to find me some food, put a sign on the door, 'No Entry' PPE required. Visiting doctors and nurses had all sorts of questions. Your story gets pretty boring after a while.

The hospital had assigned one Registered Nurse for the night, who was on her first shift having just arrived from Ireland. She had to try and understand the systems and find equipment etc. She had one assistant, so they were run off their feet. Luckily, I didn't need much help but it wasn't very reassuring.

I had the foresight to take my own medication in as I know it would have been mid-morning before I would have received my usual early morning dose. It took me nearly two weeks to feel somewhat myself again. Frustrating!

I found the experience with 000, the Paramedics and Emergency at the Northern Beaches Hospital a positive one. The Emergency Kit is invaluable and I am so glad I had it nearby.

Janne McDonald

Member News

Exploring new resources

Rare Voices Australia (our rare diseases peak body) has been working for years on its National Strategic Action Plan. Some resources have begun to appear and are worth looking at.

- **RArEST Fact Sheets**
  - The RArEST project is working to educate GPs and medical students about referring patients with suspected rare diseases to the appropriate specialists. Two fact sheets have reached publication stage. Take a look at them at them by using the two QR codes:
    - What does it meant to live with a rare disease?
    - Digital Mental Health Fact Sheet
- **Rare Disease Portal**
  - The portal is a directory of information on rare diseases for both patients and doctors. Try it at rareportal.org.au. You can search for Addison's disease at the moment, but not yet secondary adrenal insufficiency. Your search will take you to **https://rareportal.org.au/rare-disease/addisons-disease/** . Get your family and friends to be aware of this page as the emergency treatment applies to all adrenal insufficiency patients.

Life with Addison's disease – a podcast

Our treasurer Philippa Rickards has been interviewed about her journey with Addison's disease by a local podcaster. Hosted by Mia De Rauch, who has a chronic condition herself, the hour-long podcast discusses living with Addison's disease along with other co-morbidities while working, having a family and general life. An honest account of daily life from Philippa's perspective and another example of how you can live with a chronic and rare condition and still have a wonderfully positive life.

Website: https://chronicconvospodcast.com.au/ **Instagram**: https://www.instagram.com/chronicconvospodcast/

Listen on Apple Chronic Convos: Addison's Disease with Philippa on Apple Podcasts

Listen on Spotify: https://open.spotify.com/episode/4owUOoOBfYNrtd8GnfxeTU

Movie reviews—essential watching

⇒ The video on our website is the perfect recipe to follow for the **Australian Solu-Cortef injection kit**. (go to https://addisons.org.au/ and click on the EMERGENCY INJECTION button at the top of the page).

⇒ However, there is a CoMICs video, which may be useful to show the family members you may need to help you in a crisis. Find **"CoMICsLite Episode 3: Addison's Disease: What is Adrenal Crisis & How to Manage It?"** at https://youtu.be/v3BsSishg0g?si=7e9y4aRKUwbPZuTv

⇒ It would be hard to improve on British Professor John Wass's advice in " Adrenal crisis : when to give an emergency injection" at https://www.youtube.com/watch?v=oucbVQ0Whq8

- The key differences between UK & Australia include different medication vials (We use the Solu-Cortef Act-o-Vial with yellow plastic top), instead of the BMJ letter mentioned, you would produce you red top Emergency Letter (stamped), and of course, in Australia we ring 000 for emergencies.

Recipe recommendation

Were you online for the 2024 Annual Seminar in May? Both presentations were recorded and can be watched in our video channel via *Member Resources* on the website. We asked Dr Annabel Clancy for a healthy recipe and you can download it *here*.

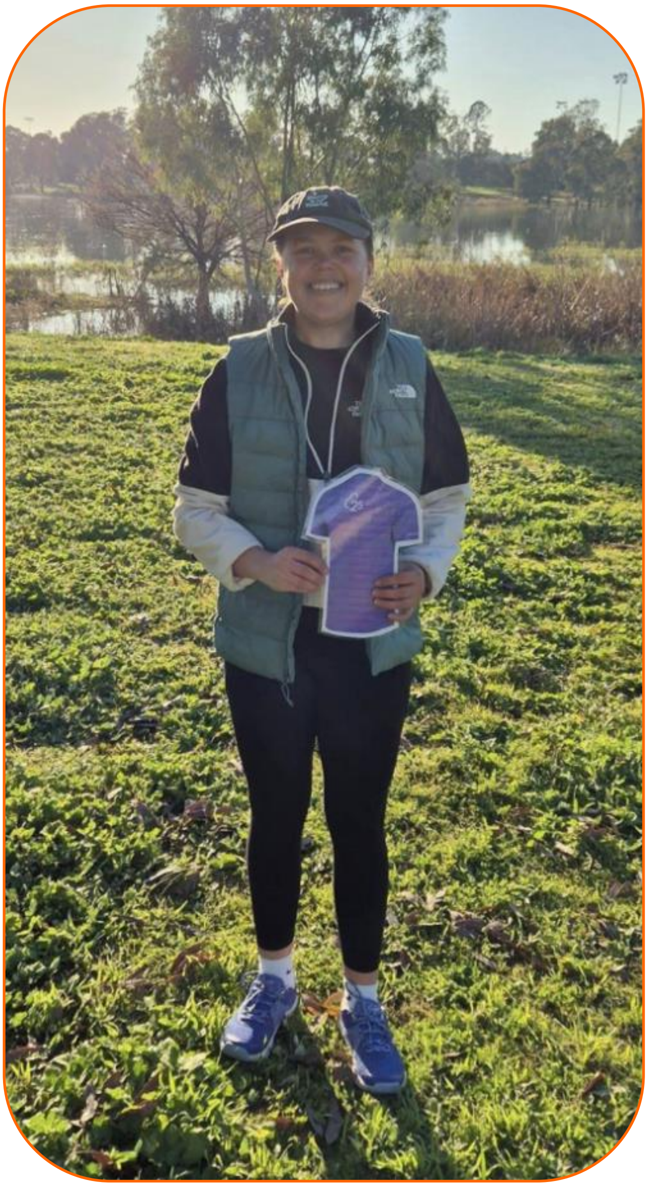
Member spotlight

Meet Emily Dorahy

Hi my name is Emily and I live in Narrabri, NSW. I was diagnosed with Addison's disease in May 2024 at the age of 32.

Upon reflection there were some pretty obvious signs, including unexplained weight loss, increasingly tanned skin, dizziness, vomiting, mood swings, difficulty concentrating, being unable to stand, fatigue, missing periods, hyperpigmentation and craving salty and sour foods.

> *I ticked off all the symptoms for primary adrenal insufficiency and I ignored every single one for three months as each symptom was so vague and could be easily attributed to lifestyle changes.*



My symptoms began in January as I started to lose weight easily and became more tanned than usual, which I put down to my increase in exercise. At this time, I had just taken up playing water polo, taking a weekly pilates class, hiking with the Narrabri Hiking Group and participating in the Park Run. I thought I was smashing my New Year's resolution to increase my fitness but it was just the beginning of primary adrenal insufficiency.

The dizziness and nausea started in February when my sisters and I attended The Eras Tour. I signed up for a snorkelling tour around Manly and within 10 minutes I had to swim back to shore as I felt dizzy and nauseous. I thought I had sea sickness as the tour guide said it was common to experience this and I usually swam in a pool and not the ocean.

The stressor that increased the severity of my symptoms was in March when I went to the South Coast for a week of hiking with the Narrabri Hiking Club. Each day we completed a 10 to 20 kilometre hike. I was able to finish the hikes and I did not feel tired, dizzy or nauseous. I just had strong cravings for salty and sour foods and my choice of snacks were salt and vinegar chips and Sour Skittles. I had also noticed lower back pain at the time. However, I thought that was due to carrying a heavy bag.

By the time April rolled around, I was experiencing all the symptoms of primary adrenal insufficiency to the point where I was so emotional I finally had to come home halfway through the work day as I was hysterically crying and I had no idea why. This was also the last time I drove for about two months.

I became non functional from mid April and had made best friends with the floor. I also became increasingly stubborn and refused to go to the doctors or the emergency department, as every time I would have an appointment I would get a different diagnosis from low iron, depression, reflux and a throat obstruction. I felt silly and was just much happier to be left alone lying on the floor.

Thankfully my sister dragged me back to the emergency department for a second time. A trainee doctor on placement from Armidale floated the idea of Addison's disease, registering low sodium and increased potassium, to the regular emergency department doctor who thankfully listened and was able to liaise with other doctors to provide the proper treatment.

After two days I was able to leave hospital, but I did not have the answers I wanted or someone that I could talk to about what Addison's is and I could not wait until my first specialist appointment to get clarity.

I was possibly on too much cortisol as I was up all night, hallucinating and was very emotional. I used my time that I was awake to Google and TikTok anything and everything I could find on Addison's and I came across the Australian Addison's Disease Association, which was and is a great source of information. I am glad I joined up and also became a general committee member because it has connected me to others who have had similar experiences. (*continued on page 10*)

Member news

Immunotherapy-induced adrenal insufficiency group

The Immunotherapy Induced Adrenal Insufficiency Group met by Zoom on Sunday 24th Nov – one of a series of virtual catch-ups running every 6 weeks. The group members can also keep up with news via a closed WhatsApp chat on their mobiles.

10 members attended this last meeting – Queensland, NSW, Victoria, South Australia, and Western Australia were all represented. The group viewed the documentary by Dr John Wass on “Adrenal crisis: when to give an emergency injection” and moved on to a discussion on patient rights.

Next meeting of the group is Sunday 2nd March, 2025 from 3:30 to 5pm. Meanwhile, new members who have had immunotherapy result in adrenal insufficiency are welcome, and if you want to connect through the WhatsApp chat group contact me. (0455 534 472 or president@addisons.org.au)

Bronwyn Monro

Gastroenterologists key to preventable deaths

Adrenal insufficiency is not often represented in our media, though recently it made headlines in several media outlets around the world after US TikTok celebrity Taylor Rousseau Grigg sadly died after ‘suffering complications from asthma and Addison’s disease’ (see page three).

As many of us know getting to a diagnosis can be a long and difficult journey and appropriate treatment is lifesaving and life changing.

Our friends at AddisonsdiseaseUK wrote on Instagram regarding Taylor’s death ‘*Diagnosis can be complicated and dangerous when it absolutely shouldn't be. Every death is a preventable death. We fight for awareness and research to improve medical education on Addison's disease and adrenal crisis*’.

Awareness of adrenal insufficiency is often lacking in our medical profession in Australia too. Gastroenterologists working in Emergency need to be reminded to turn their minds to the possibility of adrenal insufficiency as many of our members are first admitted under the gastro team due to the abdominal symptoms that present during an adrenal crisis. GPs should be encouraged to screen for adrenal insufficiency when patients have unexplained symptoms that fit within our profiles.

Australian Addison’s Disease Association thanks everyone working towards research and education for adrenal insufficiency and send our deepest sympathy to the family and friends of Taylor Rousseau Grigg. We also send our deepest sympathies to the friends and family of everyone we have lost needlessly with adrenal insufficiency from misdiagnoses and an ongoing lack of education.

Liz Warning

Meet Emily Dorahy *(continued)*

Now that I am part of the Addison’s disease “club”, I am especially thankful for the advocacy that the Australian Addison’s Disease Association has already done as it is highly important for all involved – from people who live with adrenal insufficiency, to their friends, family, work colleagues and health professionals – to have access to educational materials on what adrenal insufficiency is, the impacts of the disease and particularly what to do if someone who has the disease becomes unwell.

I look forward to learning all I can about Addison’s disease and I am especially interested in what lifestyle habits others implement into their everyday routines to help build their bone density.

If anyone has any suggestions about what they do to take care of their bones I would love to hear them.

Transition to MembershipWorks

Work is well underway to transfer all AADAI membership records into *MembershipWorks* from *Insightly*. You can be assured that all current information held about our members will be securely transferred.

Apart from being more cost-effective and relevant to our needs, *MembershipWorks* also allows members to log into their “profile” directly from our website to update their personal information.

MembershipWorks also integrates with our financial system, Xero, for instant renewal payment updates.

The initial transition will take place in December, followed in early 2025 with the integration of *MembershipWorks* to the AADAI website. Email Julia Kelly at membership@addisons.org.au for any information.

Get in touch

Phone: 0455 534 472

Please call between 8am and 9 pm (Sydney time)

If your call is unanswered, send a text so we can call you back as soon as possible or try again at a later time.

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Website: addisons.org.au *includes contact request form*

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TBA

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Committee members
Di Carlen
Emily Dorahy
Saskia Holloway
Linda Hobbs
Julia Kelly
Sarah Lendon
Terri McDonald
Liz Warning

We're always on the look out for people to assist the Association, including those keen to be support representatives in most parts of Australia. Let Bronwyn know if you are keen to assist. You don't need to join the committee to lend an invaluable helping hand.

With assistance from:
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Raising awareness of Addison's Disease
and supplying a caring network for
members and their families

AADAI
Australian Addison's
Disease Association Inc

48 Glassop Street, Balmain NSW 2041
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www.addisons.org.au ABN 60 466 289 835

Complete this form in full if you live with primary or secondary adrenal insufficiency
Alternatively, consider using the online version at
addisons.org.au/payments/membership-au-12months

MEMBERSHIP APPLICATION FORM

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

OFFICE USE ONLY
Date Rec:
Rec No:
Mem $ Donation $

Use Paypal Guest for credit card payments

I have added an optional donation of
$____________________
(including $ _____ for ____________)

**EFT - please make sure you put your name and postcode in the reference*
Bendigo Bank BSB: 633000
Account: 218784932
Name: Australian Addison's Disease Association Inc.

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) ☐ Secondary adrenal insufficiency ☐ Other ☐	
Details of Other	
When were you diagnosed?	Year:
Your best contact is:	by phone ☐ by mobile ☐ by email ☐
How would you like to receive your newsletter?	Email ☐ Post ☐
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/**
for new members
If renewing or re-joining, log in as a member and go to https://addisons.org.au/membership-renewal

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