



AUSTRALIAN ADDISON'S DISEASE ASSOCIATION INC.

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PO Box 2436 Coffs Harbour
NSW 2450 Australia

MEMBERSHIP APPLICATION 2012

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

The Treasurer
Australian Addison's Disease Association Inc.
PO Box 2436 Coffs Harbour NSW 2450

Please find enclosed a cheque / money order made payable to the **Australian Addison's Disease Association Inc.** for \$_____ being for membership:

\$25 for membership within Australia

\$35 for membership outside Australia

and an optional donation of \$_____

I have paid via **PayPal** **EFT** *please make sure you put your name in the reference

Title.....(Mr, Mrs, Miss, Ms, other)
Surname.....
Given Name(s).....
Date of Birth
Postal Addr.....
Town.....
P'code.....State.....Ph ().....Mob.....

FOR OFFICE USE	
Date Rec.....	
Rec. No.....	
Paypal.....Ch.....Other.....	
Mem \$.....	Donation \$.....

E-mail address:.....
GP name:.....Phone number:.....
Endocrinologist name:.....Phone number:.....

Only to be completed by new members or members whose details have changed

Next of Kin Contact Details.....
When were you diagnosed with Addison's disease?.....
I have (tick one) Primary Addison's Secondary Addison's Other
Details of Other.....
I wish/don't wish to make contact with other members in my area: by phone by email

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.