

For assistance completing this form, or if you would like to pay over the phone or via direct debit, please contact us on **(03) 9650 5088**.

Membership type

Associate - \$30

This level of membership provides you with the quarterly newsletter, Retina Australia News and access to support and information.

Member - \$50

This level of membership provides you with full voting rights, which will enable you to attend and participate at general meetings and be eligible to nominate, or be nominated for, a position on the Retina Australia Board, as well as receiving all the benefits of an Associate Member.

Member contact details

Mr Mrs Ms Miss Dr Other

Surname Given Name

Address

City / Suburb State Postcode

Email

Phone (Home) Mobile

Phone (Work)

Member profile

Date of Birth

Age at 1 July 2019 15-25 26-35 36-45 46-55 56-65 65+

Level of vision Totally blind Legally blind Low Vision Sighted

Eye condition

Hearing impaired

How would you like the Retina Australia Newsletter and other information?

Email (PDF) Email (text only) Print Audio CD

Are you employed? Yes No Occupation

Are you a Carer? Yes No

Would you like to be an active Volunteer for Retina Australia? Yes No

Would you like to take part in a Friends of Retina Australia Group? Yes No

If yes, we will provide you with information about a group near you so that you can contact them. We will not pass on your details unless you specifically ask us to.

Payment details

Membership subscription \$

Tax deductible donation \$ (Donations over \$2 are tax deductible)

TOTAL \$

Cheque - to be made payable to Retina Australia

Credit card (Mastercard and Visa only)

Card Number

Expiry CVV Number

Name on card

Signature Date

If you would prefer to pay by direct debit, please contact the office on (03) 9650 5088 for our bank details.

Please return this form with your membership subscription by:

Email: info@retinaaustralia.com.au

OR

Post: Retina Australia, Ross House 247-251 Flinders Lane Melbourne VIC 3000