

Retina New Zealand Inc.
P O Box 2232. Raumati Beach 5255
Tel: 0800 233 833 or 04 299 1801
Email: membership@retina.org.nz

Membership Application Form

NAME: (Mr/Mrs/Miss/Ms/Dr) (First name) (Surname)

ADDRESS:
.....POST CODE

PHONE: Home: (0) Bus: (0)

EMAIL: MOBILE:

YEAR OF BIRTH: For statistical purposes

OCCUPATION:

MEMBERSHIP SUBSCRIPTIONS:

Waged: \$20.00

Unwaged/Retired \$10.00

Donation: \$..... All donations over \$5.00 are tax deductible. (A receipt will be issued.)

Total Payment: \$

There are three ways to pay your annual subscription. Please circle one:

1. By telephone banking or on-line bank transfer, the bank account number for payments to go into is: **12-3013-0845604-00**. Please put your initials & surname in the reference column so that we can easily identify your payment.

2. Go into your local ASB branch with this form and pay cash into the account number quoted above. Please put your initials & surname in the reference column so that we can easily identify your payment.

3, Send us a cheque and complete this part of the form:

I attach Cheque No..... for the sum of \$
made payable to **Retina New Zealand Inc** for my subscription for the
year commencing **1 July**

(When paid this form becomes a Tax Invoice – G.S.T. No. 53-686-885)

How do you want to receive your newsletter **IN PRINT / ON TAPE / BY EMAIL ?** (Please circle applicable format(s))

Are you a member of the Foundation of the Blind? YES / NO

SIGNED **DATE**

Retina NZ has a database showing the type of macular and retinal conditions that our members have. We ask that new members complete the Database Information Form. The information in this form will be securely stored on the data information file. It will only be released to or accessed by Society office holders to enable these persons to do their work. Organisers of local meetings will only have access to the contact details of people in their local area.

Database Information Form

My diagnosed eye condition is:

Please tick in the brackets on the left hand side of the page if any of this information applies to you.

() I am a parent of a child/young adult with a retinal or macular condition

(State what)

() I am the partner/sibling/ friend of someone with a retinal or macular condition

(State what):

() I am an ophthalmologist

() I am an optometrist

() I am a scientist

() I am a healthcare or RNZFB professional