

Retina NZ Inc.



FIGHTING BLINDNESS

0800 569 849

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Raumati Beach

Paraparaumu 5255

secretary@retina.org.nz

www.retina.org.nz

Membership Application Form

NAME: _____
(Mr Mrs Miss Ms Dr) (First Name) (Surname)

ADDRESS: _____

POSTCODE: _____

PHONE: Home _____ Work _____ Mobile: _____

EMAIL: _____

YEAR OF BIRTH: _____ (For statistical purposes)

OCCUPATION _____

MEMBERSHIP SUBSCRIPTIONS

Waged \$ 20.00
Unwaged / Retired \$ 10.00 (50% discount applied)
Donation Retina NZ Research \$ _____
Donation Retina NZ Members' Services..... \$ _____
TOTAL PAYMENT \$ _____

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

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

1. By telephone banking or online bank transfer. The bank account number for payments to go into is: 12-3013-0845604-00. Please put your name and/or reference number in the reference box, so we can easily identify your payment.
2. Go into an ASB branch with this form and pay your deposit into the account number above. Remember to put your name and/or reference number in the reference box, so we can easily identify your payment.
3. Send us a cheque with your completed application form.
(When paid, this form becomes a Tax Invoice -GST No. 53-686-885)

Which format would you like to receive your Newsletter?

(please select one)

- PRINT
- AUDIO-CD
- EMAIL
- EMAIL & PRINT
- EMAIL & AUDIO-CD

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

SIGNED _____ DATED _____

Database Information Form

Retina NZ has a database detailing the different 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 and only released to Society office holders to enable them to do their work. Organisers of local meetings will only have access to contact details of people in their local area.

My eye condition is _____

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

- I am a parent of a child/young adult with a retinal condition
(state what) _____
- I am the partner / sibling / friend of someone with a retinal condition
(state what) _____
- I am an Ophthalmologist
- I am an Optometrist
- I am a Scientist
- I am a Healthcare Professional or Blind Foundation staff.
- I have a Professional Interest in Low Vision.