



Membership Form 2023/24

Membership type – please select:

Associate (AM) - \$30

This level of membership provides you with the bi-annual newsletter, Retina Reporter, the regular e-newsletter The Retina Insider, and access to support and information, including webinars.

Member (MM) - \$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:

Title: Mr Mrs Ms Miss Dr Other _____

Name: _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Phone (Home): _____ **Mobile:** _____

Email: _____

Member Profile:

Date of birth: _____

Level of vision: Totally blind Legally blind Low vision Sighted

Eye condition (IRD): _____

Hearing impaired

How would you like to receive the Retina Reporter and other information?

Email (pdf, Word, text provided) Print Audio CD

Are you a carer? Yes No



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

Payment details

Membership subscription: \$ _____

Tax deductible donation: \$ _____

TOTAL PAYMENT: \$ _____

Payments can be made by Cheque or Credit Card (Mastercard or Visa only) or via direct credit.

Please make cheque payable to **Retina Australia**

CARD TYPE: Visa Mastercard

CARD NUMBER: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ **CVV Number:** _____

NAME ON CARD: _____

SIGNATURE: _____

Direct deposit payment

Please make your payment to:

Account Name: Retina Australia **BSB:** 065 115 **Account number:** 10233087

Please include your surname and initial and type of membership (AM or MM) as your payment reference.

Please return this form with your payment via:

Email: info@retinaaustralia.com.au OR post to: Retina Australia
Ross House
247-251 Flinders Lane
Melbourne VIC 3000