



June 2016

Membership Renewals July 2015 to June 2016

Our AFA membership renewal cycle runs from July to June the following year. Membership renewals are now due. If you would like to continue to receive our quarterly newsletter and take advantage of substantial discounts at our *upcoming conference in MELBOURNE IN 2017*, we strongly encourage you to join the AFA, or to renew your membership.

You can now renew for 10 years or take out a life membership so you won't miss out! These options represent significant financial savings too.

The AFA is a not for profit organisation run wholly by unpaid volunteers, with no recurrent government support. Membership renewals help to cover essential costs of our charity such as website, 1300 number, state based gatherings and the biennial conference.

What do I need to do?

It all depends on whether you are an existing member renewing your membership, or joining the AFA for the first time.

1. If you are an existing member, you have two options:

a. The easiest way to renew is online. Please go to:

<http://www.trybooking.com/Booking/BookingEventSummary.aspx?eid=84922> If any of your details have changed, eg email, address, new member of the family, please also complete the relevant section (leave the payment section blank) in the attached form and return to us.

**b. Complete the attached form and send along with payment back to:
PO Box 20729 World Square NSW 2002.**



2. If you are a new member, you will need to complete the application form attached, or download from:

<http://albinismaustralia.org/membership/join-afa/> This is **essential** for all new
All new members need to complete a member application form.

How to pay:

a. The easiest way to renew is online. Please go to:

<http://www.trybooking.com/Booking/BookingEventSummary.aspx?eid=84922>

b. Complete payment details on the attached form.

3. If you are a current member with membership up to date with your membership, please ignore this letter.

4. If you are unsure of your membership status, please check by emailing me at secretary@albinismaustralia.org.

Thankyou, and welcome or welcome back as the case may be!

With warm regards

A handwritten signature in cursive script that reads "Shari Parker".

Dr Shari Parker

Secretary Albinism Fellowship of Australia

Personal mobile 0411 622 122

secretary@albinismaustralia.org



Membership Form From June 2015 - Jul 2016

PLEASE PRINT CLEARLY

Full name (adult member) _____

Postal Address _____

Town / City

State

Post code

Phone Number _____

Home

Mobile

Email address _____

For New members only:

Name of person/s with albinism (if applicable and if different from above)

Type of albinism (if known) eg OCA1, OA, HPS _____

Visual acuity (if known) eg 6/60 _____

Family member names and dates of birth so that we can remember your birthday!

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Advocacy

Friendship

Acceptance



Membership type	PDF newsletter	Hard copy Newsletter
Individual	\$40	\$45
Family	\$45	\$50
Unwaged *	\$32	\$32
Professional (individual)	\$40	\$45
Organisational**	\$100	
10 year membership	\$300	\$400
Lifetime membership***	\$400	\$500

* Unwaged – no income other than Centrelink benefits

** Organisational – can copy and distribute newsletter within the organisation

*** Lifetime membership is linked to the **original** applicant and is not transferrable

Membership fees \$ _____

Donation – thankyou! \$ _____

Please note that all donations over \$2 are tax deductible and a receipt will be issued

Total \$ _____

PAYMENT METHODS – please see overleaf



PAYMENT METHODS

- TryBooking via Credit Card – please go to <http://www.trybooking.com/EVQG>
- Direct deposit St George Bank
BSB 112879 Account number: 128217786
Account Name: Albinism Fellowship of Australia.
Please leave your surname as reference for validation. Email your completed form to membership@albinismaustralia.org.
Have you paid? yes no Transaction ID _____
- Post Australian cheque or money order to "Albinism Fellowship of Australia". Post with completed form to PO Box 20729 World Square NSW 2002 AUSTRALIA
- Paypal Overseas only. Email treasurer@albinismaustralia.org for instructions, and to confirm the amount payable, including Paypal fees.

I certify that the information I have included in this form is accurate to the best of my knowledge.

Signature _____

Name printed _____ Date _____



RESEARCH INVOLVEMENT

AFA welcomes research which furthers understanding of albinism. AFA is willing to collaborate with research that have been approved by an ethics committee in accordance with the National Health and Medical Research Council's guidelines. Your choice below will dictate how we handle your personal information.

Please tick appropriate box (ONE only):

1. My personal information, and that of others that I provide on the AFA membership form can be used in any relevant research projects that have ethics approval.
2. My personal information, and that of others that I provide on the AFA membership form cannot be used in any relevant research projects without asking me first.
3. My personal information, and that of others that I provide on the AFA membership form cannot be used for any research projects.

Notification of each research project collaboration will be sent around to the membership as a courtesy, but individual members will not always be contacted. If you later decide that you do not agree with a particular project you will be required to contact the principal researcher of that project and ask to be withdrawn. If additional participation is required of the membership, then a specific notice will be sent around on behalf of the researcher.

Would you also like to receive any other requests or paperwork directly relating to albinism related research by mail? s o

PHOTO PERMISSION AND RELEASE FORM

I hereby give my unconditional permission to the Albinism Fellowship of Australia (hereby referred to as 'the AFA') to use photographic images taken of me (and/or my child) during AFA gatherings and release for the purposes of promoting and publicising the AFA, its programs and resources. I expressly release the AFA from any claim for financial compensation now and in the future arising out of the use of the photographic images in accordance with this permission and release.

I expressly acknowledge and agree that all rights in the said photographs including the copyright therein and the ownership of the physical negatives and/or digital images belong to the AFA.

I understand that these images **may** be used in newspapers, newsletters, conference proceedings and other material, and also on the internet on the AFA's



website and I expressly authorise such use. I also expressly authorise the AFA to grant to others the right to use the photographic images so long as it is for the benefit of albinism awareness education or programs and in a manner which is controlled and authorised by the AFA. I also understand and acknowledge that once this image is posted on the AFA's Web Site, the image can be downloaded.

I acknowledge the right of the AFA and give express permission to crop or alter the image(s) at their discretion. I acknowledge that the AFA may not use the image(s) at this time, but may choose to do so at a later date and also expressly authorise such later use.

I agree to indemnify and hold harmless the AFA from any claims arising from such activities and expressly include within the scope of this indemnity and release the following persons:

- The executive committee of the Albinism Fellowship of Australia
- Other committee members, state representatives and other volunteers working in a capacity under the name of the AFA.

I certify that I am over 18 years of age.

Signature _____ Name _____ Date _____

For persons under the age of 18, the permission of a parent or guardian is required on the Photo Release Form. I hereby grant permission to the Albinism Fellowship of Australia to use photographic images of my child as outlined above.

Name of child: _____ Date of Birth of Child: _____

Name of child: _____ Date of Birth of Child: _____

Name of child: _____ Date of Birth of Child: _____

- Please identify this child by first name ONLY.
- Please do not identify this child by name.
- I do not give permission for website use, only printed matter

I certify I am over 18 years and I am the parent / guardian of the above child/ren

Signature of parent or guardian: _____



ALBINISM
FELLOWSHIP
OF
AUSTRALIA

PO Box 20729
World Square NSW 2002
1300 22 16 19
www.albinismaustralia.org

If you prefer not to allow permission for yourself and / or your child, please mention it here. We will endeavor to keep those named below out of direct scope of any recording, but may inadvertently include likenesses in group, audience or crowd recordings. I do not allow images of those named underneath to be used in any way for publicity, promotional or educational resources

Signature _____ Name _____ Date _____