



MEMBERSHIP APPLICATION FORM

For Australian residents only (Overseas residents please email aessra@aessra.org)

Post this form with a cheque or money order to AESSRA Inc., P.O. Box 298, Ringwood, Vic 3134 or apply online at www.aessra.org and pay using Paypal, with either your Paypal account, credit or debit card. Direct Bank Transfers not accepted.

All information will be kept strictly confidential SEE OVER PAGE FOR INFORMATION ON THE REGISTER OF MEMBERS

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|--|--|----------|--|----------|--|----------|---|----------|---|
| Contact details | <p><input type="checkbox"/> New Member <input type="checkbox"/> Previous Member</p> <p>Mr/Mrs/Ms/Miss</p> <p>Address</p> <p>Postcode..... Phone Number/s.....</p> <p>Email.....</p> <p>I agree to be bound by the Code of Conduct and Rules of AESSRA Inc for the time being in force:</p> <p>Signature Date</p> <p><i>(The AESSRA Inc Code of Conduct is in the Members' Handbook, on the website at www.aessra.org or you can contact AESSRA Inc. for a copy. AESSRA Inc Rules are also available from the website or on request)</i></p> | | | | | | | | |
| Choose membership category | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center; vertical-align: top;">1</td> <td style="padding: 5px;"> <p>FULL MEMBERSHIP You have allergies and/or sensitivities that significantly impair your ability to work, study or socialise: Do you have <input type="checkbox"/> chemical sensitivities, <input type="checkbox"/> food allergies/sensitivities, and/or <input type="checkbox"/> other allergies/sensitivities (please specify) </p> <p><input type="checkbox"/> Full Fee \$35 <input type="checkbox"/> Concession fee \$20 Pension/Health Care Card No.</p> </td> </tr> <tr> <td style="width: 30px; text-align: center; vertical-align: top;">2</td> <td style="padding: 5px;"> <p>ASSOCIATE - RELATIVE MEMBERSHIP You are joining on behalf of a child/ren or are you the carer of an adult who has allergies and/or sensitivities that significantly impair their ability to work, study or socialise. Please add details of affected relatives over page. <input type="checkbox"/> Full Fee \$35 <input type="checkbox"/> Concession fee \$20 Pension/Health Care Card No.</p> </td> </tr> <tr> <td style="width: 30px; text-align: center; vertical-align: top;">3</td> <td style="padding: 5px;"> <p>ASSOCIATE - SUPPORTER MEMBERSHIP You have less severe allergies/sensitivities, or have recovered, or simply wish to support AESSRA <input type="checkbox"/> Full Fee \$35 <input type="checkbox"/> Concession fee \$20 Pension/Health Care Card No.</p> </td> </tr> <tr> <td style="width: 30px; text-align: center; vertical-align: top;">4</td> <td style="padding: 5px;"> <p>ASSOCIATE - PROFESSIONAL MEMBERSHIP You have a professional interest (eg a health practitioner, manufacturer or retailer) <input type="checkbox"/> Associate—Professional (Australia) \$35 (please specify)</p> </td> </tr> </table> | 1 | <p>FULL MEMBERSHIP You have allergies and/or sensitivities that significantly impair your ability to work, study or socialise: Do you have <input type="checkbox"/> chemical sensitivities, <input type="checkbox"/> food allergies/sensitivities, and/or <input type="checkbox"/> other allergies/sensitivities (please specify) </p> <p><input type="checkbox"/> Full Fee \$35 <input type="checkbox"/> Concession fee \$20 Pension/Health Care Card No.</p> | 2 | <p>ASSOCIATE - RELATIVE MEMBERSHIP You are joining on behalf of a child/ren or are you the carer of an adult who has allergies and/or sensitivities that significantly impair their ability to work, study or socialise. Please add details of affected relatives over page. <input type="checkbox"/> Full Fee \$35 <input type="checkbox"/> Concession fee \$20 Pension/Health Care Card No.</p> | 3 | <p>ASSOCIATE - SUPPORTER MEMBERSHIP You have less severe allergies/sensitivities, or have recovered, or simply wish to support AESSRA <input type="checkbox"/> Full Fee \$35 <input type="checkbox"/> Concession fee \$20 Pension/Health Care Card No.</p> | 4 | <p>ASSOCIATE - PROFESSIONAL MEMBERSHIP You have a professional interest (eg a health practitioner, manufacturer or retailer) <input type="checkbox"/> Associate—Professional (Australia) \$35 (please specify)</p> |
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| Donations etc | <p><input type="checkbox"/> Donation to AESSRA Inc. <input type="checkbox"/> Donation to AESSRA Research Fund</p> <p><input type="checkbox"/> Keep my donation anonymous (If box isn't ticked donors will be listed and thanked in <i>Sensitivity Matters</i>) Donations of \$2 and over are tax deductible.</p> <p><input type="checkbox"/> Hospital Guidelines for patients with Multiple Chemical Sensitivity \$4.40 (includes GST and postage). If multiple copies required contact for price.</p> <p>TOTAL \$.....</p> | | | | | | | | |
| <p>IMPORTANT: COMPLETE SECTIONS OVER PAGE INCLUDING YOUR PRIVACY AND THE REGISTER OF MEMBERS, AND AFFECTED FAMILY MEMBERS</p> | | | | | | | | | |



REGISTER OF MEMBERS - NEW LEGISLATION

By law, there must be a Register of Members that is available to any member on request, for a reason related to the operation of AESSRA Inc.

Previously we have had an “opt in” policy, with members choosing which details to include.

The current legislation means that members who do not want to be included in the accessible register must opt out. You must advise us in writing (see below) if you do not wish your details to be in the Register of Members, until further notice is given. If you do not opt out, your name, address, voting status and expiry date will be included in the Register of Members.

Register of Members

As AESSRA is an organisation that includes members with sensitive issues, I request that my contact details not be listed in the Register of Members until I give further notice. If other members wish to contact me, for permitted Association business, they must do so through the Secretary (or other Committee member).

Name Signature Date

Associate - Relative. Please fill out for affected relative(s).

Other members: Filling this in is optional but it will help us understand the needs of our members, and knowing the number of people affected helps us when approaching government departments or other organisations for funding or other help.

All information will be kept in strict confidence.

ALL AFFECTED FAMILY MEMBERS, INCLUDING YOURSELF:

| Name (optional) | age | m/f | chemical sensitivities | food allergies/ sensitivities | other (please specify) |
|--------------------|-------|-------|--------------------------|-------------------------------|------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Helping AESSRA

Can you or your family help with any AESSRA activities?.....

Brochures to give people or put in waiting rooms, health food shops, libraries, community health centres etc. (Ask permission first.)

Please send me the following brochures:

Are you sensitive to chemicals? 5 10 20

How to be Fragrance-Free 5 10 20

Fragrance and Disability Discrimination 5 10 20