Ankylosing Spondylitis Victoria Inc Membership Form

AS Victoria Inc is an affiliate of MSK Australia.

ANNYLOS-NG VICTORIA

Who we are and what we do....

AS Victoria is an organisation of people with Ankylosing Spondylitis who wish to improve knowledge and ability to manage the condition. Our group shares a number of goals and objectives for people and families living with Ankylosing Spondylitis.

We aim to provide the following:

- Provide a forum for the exchange of ideas and experiences.
- Distribute information to patients and medical professionals on AS.
- Provide and co-ordinate educational information, events, workshops and seminars/webinars on AS.
- Co-operate and interact with local, interstate, international Arthritis and peer support groups including participation in their events and activities.
- Arrange social events and activities for our group members, their families and friends

Some of the benefits of belonging to our group:

- AStretch newsletter
- Webinars with excellent guest speakers
- Improved awareness of AS and the AS community
- Opportunities for interaction with other members at social gatherings and activities

Membership Details

First Name:	Surname:
Mobile:	Home:
Email:	
Address:	

I wish to become a member of AS Victoria Inc support the purposes of the organisation and agree to comply with the rules for an incorporated association under section 46 of the Associations Incorporation Reform Act

Ankylosing Spondylitis Victoria Inc complies with the Privacy Amendment (Private Sector) Act 2000 and will not sell your personal information to another organisation. You may be notified of AS Victoria Inc events, services and ways of assisting us to maintain these services. If you wish your name to be removed from our data base at any time please write to us. AS Victoria Inc passes on to members a variety of information on health and medical issues only for general, educational and informative purposes. AS Victoria Inc is not diagnostic or prescriptive and does not replace the services or advice of a qualified health care professional or purport to do so.

Me	embership Type		
	New Renewal (annual	30th June)	
	Email membership \$5.00 N	OTE: waivered due to COVID till further notice	
Doı	nation: \$ (<i>Do</i>	onations over \$2 are Tax deductible)	
Tot	tal: \$		
	Cheque, money order or direct of	leposit –	
		ia Inc Acc 154321878	
	Please advise our Treasurer		
	of direct deposits asvictreasurer@hotmail.com		
	60.120.2016		
Sta	atistical Information (Optional)) <i>:-</i>	
4	1 CAULTY XV	· 5 ** / \$*	
1.	•		
2.			
3.	Gender M/F		
4.	Year of Birth:		
6.	Do you suffer from A S Y/N	7. Do you know someone who suffers from A S Y/N	
Do	you have any other conditions?		
Are	e there any specific activities you wo	uld like us to organise?	

ABN 66 915 454 826 A0058423F

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