



To become a member or supporter of the association, please fill out the form and send it to **Keratoconus Australia Inc, PO Box 8188, Camberwell North VIC 3124**

Note: only Members have voting rights in the Association and they must either have keratoconus or be the parent or legal guardian of a person under 18 years with keratoconus. By supplying personal and health information on this form, you agree to the collection of that information by the Association and its volunteers

Membership form (required for membership enrolment)

First name	Last name	
Street Address		
Suburb/Town	State P-code Country	
I wish to become a <input type="checkbox"/> Member <input type="checkbox"/> Supporter of Keratoconus Australia Inc (Association)		
If applying to become a Member, I certify that		
<input type="checkbox"/> I have keratoconus or <input type="checkbox"/> I am the parent or legal guardian of a person under 18 years with keratoconus. My relationship is _____ (e.g. mother, father, guardian)		
In the event of my admission as a Member, I agree to be bound by the rules of the Association for the time being in force.		
Date of birth	Signature	Date

Contact Details

Home Phone	Work Phone	Mobile Phone	Fax
Email		Can we send information via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Profession		Will you assist Keratoconus Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Please tick here if you do NOT want to receive occasional information bulletins from Keratoconus Australia			

Keratoconus Details (optional)

Do you have keratoconus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", year first diagnosed	
Do you have a corneal graft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", year of most recent graft	
Graft surgeon	No. of Grafts	Left Eye	Right Eye
Current Ophthalmologist (if different from above)	Ophthalmologist Suburb		
Current Optometrist	Optometrist Suburb		
Do you wear glasses or contact lenses or both?	Name of Private Health Fund		

Online membership registration available at www.keratoconus.asn.au

Information submitted in this form is subject to Keratoconus Australia Inc's privacy policy overleaf



Privacy Notice

Keratoconus Australia Inc and its volunteers (“we”, “us”) are committed to protecting the privacy of your personal information.

We will use or disclose personal information that we collect on this form for purposes related to the purpose(s) for which we collected it or where you have consented to the use or disclosure. Related purposes for which personal information may be used or disclosed include the following:

- subject to the Privacy Act 1988, to provide you with information relating to Keratoconus Australia Inc, unless you have previously advised us that you do not wish to be contacted for those purposes;
- providing support for people with keratoconus and their families through regular group meetings, help lines, individual counselling and the dissemination of information; and
- purposes related to our research, administration, planning, security, testing and risk management.

We would not be able to do these things as effectively without your personal information.

We appreciate that your personal health information is particularly sensitive, and we treat this information as confidential. We will only disclose this information to third parties where you consent, where we are required to do so by law or where the information has been de-identified to mask your identity.

If you wish to request access to any personal information which we hold about you, please contact us. Please provide as much detail as you can about the particular information you seek, in order to help us retrieve it. An access fee may be charged to cover our costs of providing the information to you, and we will need to verify your identity before providing access.