



# 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.

**New Member**  **Previous Member**  \*Please choose one membership category 1, 2, 3 or 4 below

**\*1. Do you have allergies and/or sensitivities that significantly impair your ability to work, study or socialise?**  
Do you have  chemical sensitivities,  food allergies/sensitivities, and/or  other allergies/sensitivities (please specify)

Full (Australia) \$35  Concession (Australia) \$20 Pension or Health Care Card No. ....

Names, ages (if under 18) of other family members with allergies and/or sensitivities (included in membership)

Name	age	chemical sensitivities	food allergies/sensitivities	other (please specify)
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

**OR \*2. Are you 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?**

Associate—Relative, Full (Australia) \$35  
 Associate—Relative, Concession (Australia) \$20 Pension or Health Care Card No. ....

Person(s) on whose behalf you are joining. (include their age if under 18)

Name	age	chemical sensitivities	food allergies/sensitivities	other (please specify)
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

**OR \*3. Do you have less severe allergies/sensitivities, or have recovered, or simply wish to support AESSRA?**

Associate—Supporter, Full (Australia) \$35  
 Associate—Supporter, Concession (Australia) \$20 Pension or Health Care Card No. ....

**OR \*4. Do you have a professional interest (eg a health practitioner, manufacturer or retailer)?**

Associate—Professional (Australia) \$35 (please specify) .....

Donation to AESSRA Inc. ....  Donation to AESSRA Research Fund .....  
 Keep my donation anonymous (If box isn't ticked donors will be listed and thanked in *Sensitivity Matters*)  
Donations of \$2 and over are tax deductible.

Hospital Guidelines for patients with Multiple Chemical Sensitivity \$3.30 (includes GST)  
 Natural and Non-Toxic product guide \$5.50 (includes GST)

TOTAL \$.....

Mr/Mrs/Ms/Miss .....

Address.....

..... Postcode .....

Phone Number/s.....

Email.....

I agree to be bound by the Code of Conduct and Rules of AESSRA Inc for the time being in force:

Signature ..... Date .....

(for further information see your Members' Handbook, www.aessra.org or contact AESSRA Inc.)

Can you or your family help with any AESSRA activities?

YES/NO .....

**Register of members**  
I give permission for my:  name,  phone number,  email address and/or  address to be made available to other members who request a copy of the register of members. Any information you don't give us permission to share with other members will be kept confidential.

**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  
What's in your perfume, fragrances and scented products?  5  10  20  
Fragrance and Health  5  10  20