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- A Glaucoma NZ membership package with glaucoma pamphlets, a GNZ identity card and previous editions of the 'Eyelights' newsletter.
- Notifications of up and coming glaucoma events and support groups
- 'Eyelights' newsletter issued free to members three times a year
- Ongoing access to glaucoma educational resources
- Access to FREE phone the glaucoma Supportline 0800 452 826

For your **free membership** and to receive communications from us please complete your details below.

Title _____ First Name _____ Last Name _____

Address _____

_____ Post Code _____

Home Ph _____ Work Ph _____ Mobile _____

Email Address _____

How did you hear about Glaucoma New Zealand? _____

Please let us know how you would prefer to receive your newsletter: Email / Post

Name of my specialist who referred me: _____

Fax this form to: 09 373 7947 **Scan and email to:** info@glaucoma.org.nz

Or Mail to:
Glaucoma NZ
Department of Ophthalmology
The University of Auckland
Private Bag 92019
Auckland 1143

We collect the information that you provide on this form, and through our other interactions with you, for the purpose of providing you with glaucoma support services and information (including services by email and operating and improving our website and our services). Under the Privacy Act 1993, you have rights of access to, and correction of, your personal information held by Glaucoma New Zealand.