

Enrolment Form

Yes, I wish to enrol with Glaucoma NZ to receive free:

- A Glaucoma NZ membership package with glaucoma pamphlets, a glaucoma DVD, a GNZ identity card and previous editions of Eyalights newsletter
- Notification of Glaucoma NZ public meetings
- “Eyalights” newsletter issued free to members three times a year

Title _____ First Name _____ Family Name _____

Address _____

_____ Postcode _____

Home Ph _____ Work Ph _____ Mobile _____

Email Address _____

How did you hear about Glaucoma New Zealand? _____

Fax this form to: 09 373 7947

Or Mail to: Glaucoma NZ
Department of Ophthalmology
The University of Auckland
Private Bag 92019
Auckland 1142