



To prevent blindness and impaired sight
To support advances in the treatment of eye diseases

SUBSCRIPTIONS NOTICE

The Save Sight Society of New Zealand Incorporated Subscriptions are now due.

Please indicate one of:	Subscription Fee
Full Membership	\$150.00
Registrar	\$100.00
Ophthalmic Nurse/Other Nurse	\$75.00
Associate/Retired	\$50.00

Direct credit by internet transfer is preferred, but if paying by cheque please make cheques payable to The Save Sight Society of New Zealand Inc. Return the form below with cheque or credit card details to the treasurer care of NZMA at the following address:

The Treasurer
The Save Sight Society c/o NZMA
PO Box 156, Wellington, 6140

For internet banking transfers please fill out and return the form below. Please include (1) your first initial and last name in the particulars field and (2) "SSS Subs" in the reference field when making the transfer. Our bank account details are:

Number 03-1560-0063258-00
Name The Save Sight Society of New Zealand Incorporated

Thank you for supporting the Save sight Society. Upon payment this notice becomes a receipt for tax purposes. **Subscriptions may be claimed as a charitable donation for tax purposes, for claims our Charities Commission number is CC21025.**

For all payment methods detach the form below and retain the receipt above.

To The Save Sight Society of New Zealand Incorporated I (Name): _____.

I enclose/have made by direct credit my subscription payment of \$ _____.

I wish to make a donation to The Save Sight Society of \$ _____.

Please circle payment method: Cheque Enclosed Credit Card Direct Credit

If paying by credit card please circle

Visa	Mastercard	American Express	Diners
------	------------	------------------	--------

Card Number _____ Name of Cardholder _____.

Expiry Date (DD/MM/YYYY) ____ / ____ / ____.

Signature _____.

Please add your Email address _____.

Principal Sponsors



The Royal Australian and New Zealand
College of Ophthalmologists