

SUMMER 2013
NEWSLETTER



AStretch

ANKYLOSING SPONDYLITIS AUSTRALIA

www.asaustralia.org



AS Victoria Annual AS seminar at Austin Health 17 October 2013

by Annie McPherson & Chris Fisher

Annie McPherson, President of Ankylosing Spondylitis Victoria Inc. welcomed AS Victoria Inc. members, Austin Spondylitis Clinic patients, carers, family and friends to the Annual AS Seminar 2013 at Austin Health.

Genevieve Nolan Arthritis & Osteoporosis Victoria Inc. (A&O Vic) introduced our first speaker, Dr Edward Shelton, MBBS, Inflammatory Bowel Disease Fellow at Monash Health, Melbourne. Dr. Shelton gave an interesting slide presentation on Inflammatory Bowel Disease (IBD) and its connection with Inflammatory Arthritis and specifically Ankylosing Spondylitis (AS). He covered the aetiology of IBD conditions Ulcerative Colitis and Crohn's. The association with AS is quite strong, with 2-6% of AS patients having IBD, most likely due to a genetic link. IBD can be detected by the treating doctor, rheumatologist or gastroenterologist in a patient with suggestive symptoms, such as diarrhoea, abdominal pain, bleeding, fatigue or weight loss. Usually a colonoscopy is performed along with blood tests to confirm the diagnosis.

Dr. Shelton explained how current treatments for IBD include some of the anti-TNF biologics (Remicade / Infliximab and Humira / Adalimumab)

corticosteroids, which are also used for AS. The aim of treatment is to heal the bowel and settle symptoms. Specific diets cannot treat IBD but adequate nutrition is an important component of the healing process and some patients' symptoms can be exacerbated by certain foods. Management and treatment of IBD and AS are generally co-ordinated by the rheumatologist or gastroenterologist. Our next speaker Margaret Lewington, Brisbane Physiotherapist and well known to readers of this newsletter, presented on "Movement for Health" and being active during our daily routines. She explained how important exercise was in our treatment program for AS this has been proven in research over recent years. Patients attending her private physio sessions, warm water exercise classes and clinics often comment on how much better they felt, as the exercise improved their general health and contributed to managing their AS. She provided an interesting insight into how incidental daily activity is important in maintaining movement, flexibility, stretch and extension. A good example is lifting a coffee cup off a high shelf with one hand and putting back up with the other. Or turning your head when you buckle-up in the car, all this helps our flexibility.

Continued page 2..

Contents

AS Victoria Annual Seminar <i>Annie McPherson & Chris Fisher</i>	1
Location, Location, Location <i>Robert A. Colbert</i> <i>Kindly reprinted from SAA</i>	3
AS Exercises <i>by Margaret Lewington</i> <i>Physiotherapist</i>	7
AS Victoria Inc Report <i>by Annie McPherson</i>	8
AS Group of Queensland Report <i>by Ross Wilson</i>	9
Calendar of Events	11

The information contained in this newsletter should not take the place of advice and guidance from your own health-care providers.

Be sure to check with your doctor about changes in your treatment plan.

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Margaret also emphasised how exercise needs to be enjoyable: when we take the dog for a walk whilst picking up the bread and milk or meeting a friend for a walk in the park and following this with coffee.

Margaret advised the group, a network of physio's around Australia have been working together to ensure AS patients have access to healthcare professionals with a good knowledge of AS and education in programs and exercises.

Annie introduced Genevieve Nolan of A&O Vic, Programs Manager, Training Information & Programs Unit, who presented on "A Problem worth Solving", a report detailing the rising cost of musculoskeletal (MSK) conditions in Australia. The report was produced by A&O Vic. based on analysis by Deloitte Access Economics. Across Australia, around 6.1 million people are already affected by arthritis, with around 26.9% of the population having MSK conditions and of this 58% are of working age (25 -64 years). This is reflected in the number of enquiries A&O Vic and AS Vic have received from working age people in their 30's and 40's recently diagnosed with a MSK condition. The report estimated that, in 2012 2.9 million people had back problems, which made this condition the most prevalent of the four conditions covered in the analysis. In relation to future projections that were modelled in the report, the number of Australians with back problems is estimated to increase by 31% to 3.8 million people in 2032. The health costs attributed to back problems in 2012 were also estimated to be 52.3% (or \$4.8 billion).

Annie presented a brief overview of the Caulfield Community Health Service, Physiotherapy AS exercise program run at the Caulfield campus over 8 week-night evenings by physiotherapist, Belinda Coulter. Annie mentioned the many benefits of the exercise education program and the excellent speakers who support it, from AS Victoria Inc. and the Austin Spondylitis Clinic.

Annie then introduced Dr. Lionel Schachna, consultant rheumatologist at Austin Health, director of the Austin Spondylitis Clinic he established here in Melbourne in 2004 and another familiar health professional in our AS community. Dr. Schachna conducted a question and answer session with the participants, including queries regarding how to liaise between several specialists for a number of conditions. Often the Rheumatologist or the gastroenterologist are the central specialist coordinating with the GP for test/scan results and management. The rheumatologist is generally quite capable of managing the different medications prescribed. Interestingly Dr. Schachna mentioned that when patients are prescribed an Anti-TNF biologic medication for AS, their IBD improves.

After this session, all the speakers were invited to a panel session where a number of queries were raised on living with AS and Crohns, Pilates exercise, patient centered care and chronic condition GP management plans.

At the conclusion of the event, Annie and Genevieve thanked all the speakers, participants and the AS Victoria Inc. team for an excellent evening of AS education. The AS Victoria Inc. team would also like to thank their volunteers, A&O Vic. staff, Austin Health staff and the Aust.Cafe staff for their support and efforts. We would also like to acknowledge the Victorian Government funding we receive to assist with the printing and organisation for this event.

**Annie McPherson , President- AS Victoria Inc and
Chris Fisher , Vice President- AS Victoria Inc**



Location, Location, Location

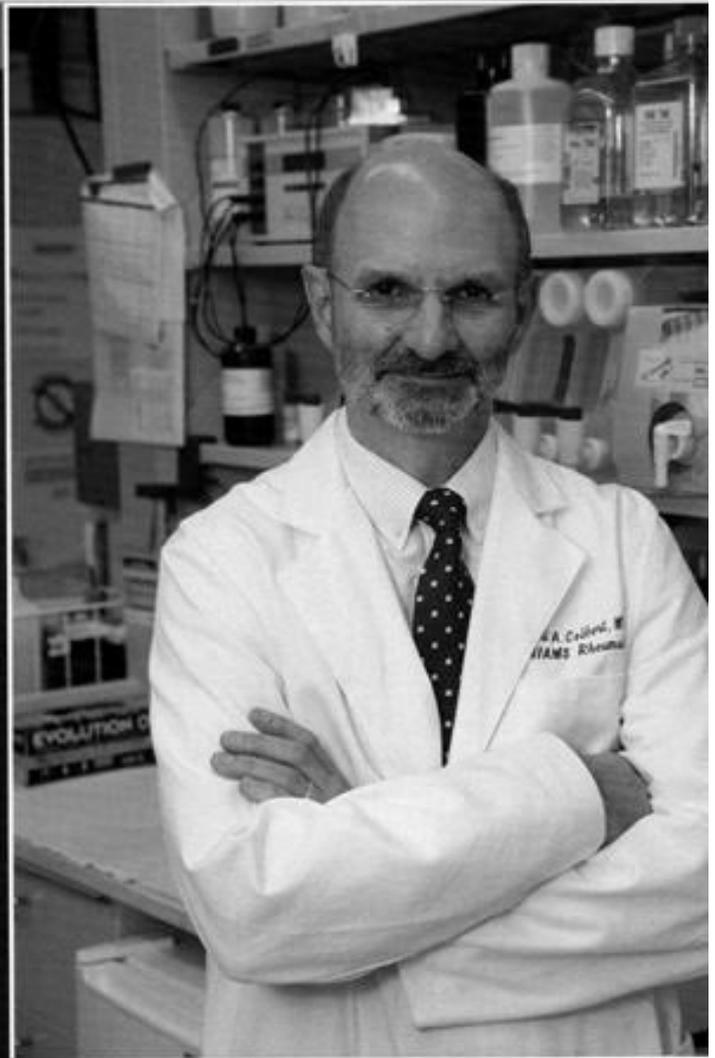
by Robert A. Colbert

Spondylitis Plus - Winter 2012

Reprinted with the kind permission from SAA

RESEARCH

Location, Location, Location: Enteseal T Cells Set Up Shop at the Intersection of IL-23 and Spondyloarthritis



by Robert A. Colbert, MD, PhD Chief,
Pediatric Translational Research Branch
NIAAMS/NIH/DHHS

FOR DECADES, rheumatologists have puzzled over why some people develop arthritis in their wrists and fingers, while in others it affects primarily the spine and places where tendons and ligaments attach to bones (known as entheses). Why does arthritis lead to severe bone and joint destruction in some, while in others bone damage is followed by overly aggressive bone formation causing joints and vertebral bodies to fuse? These dramatic differences in the appearance of disease (phenotype) are striking when one compares spondyloarthritis (SpA), particularly ankylosing spondylitis (AS), to rheumatoid arthritis (RA).

Special Issue - Winter 2012

In the last decade, there has been major progress in discovering genes that predispose to arthritis. Almost two-dozen genes along with HLA-B27 have been implicated in susceptibility to AS, and for RA the list is even longer. Interestingly, there is virtually no overlap between AS susceptibility genes and those implicated in RA, while there is overlap between AS, psoriasis/psoriatic arthritis, and inflammatory bowel disease. This is not surprising since many individuals with AS also have psoriasis or inflammatory bowel disease. We say these diseases have overlapping clinical features or phenotype. Despite the remarkable advances that the genetic revolution has produced, we still have problems navigating on the road from genetic predisposition (genotype) to phenotype. We don't fully understand how the predisposing genes work together to cause arthritis, and why the pattern of arthritis is different in different people.

"In the last decade, there has been major progress in discovering genes that predispose to arthritis."

Animal models have taught us a great deal about how HLA-B27 might trigger inflammation as an early step in the development of AS, and we are gaining a better understanding of the cytokines that send instant messages from cell to cell to direct the immune response. One of the cytokines that has been implicated in AS is called interleukin-23 (IL-23). It is produced in greater amounts by certain cells from individuals with AS, and in some studies has been found at increased levels in the blood. In rat cells, abnormally folded forms of HLA-B27 can generate cellular stress that has been linked to increased production of IL-23, suggesting one way that HLA-B27 might contribute to disease. IL-23 exerts its actions on cells that have a specific receptor (cleverly named the IL-23 receptor or IL23R), and natural variations in the IL23R gene have been associated with susceptibility to AS, psoriasis, and inflammatory bowel disease. So this road appears to be well traveled in several forms of spondyloarthritis. However, how this leads to the spondyloarthritis phenotype – enthesitis, spinal arthritis, and aberrant bone formation – remains unclear.

A recent study published in the journal *Nature Medicine* sheds light on this important question. Long recognized as an important site for inflammation and related symptoms (pain, tenderness, and sometimes swelling), what happens at entheses may be the key to understanding the AS phenotype. The researchers who performed this study made two very important observations. The first was that simply raising the level of IL-23 in mice caused enthesitis including spinal inflammation. Careful study of the entheses under the microscope at the earliest stage of inflammation showed the expected inflammatory cells such as macrophages and neutrophils in and around the entheses, but not in the joint itself or the thin layer of cells (synovium) that lines the joint. This is important because other types of arthritis such as RA start with inflammation in the synovium.

Remarkably, inflammation caused by IL-23 was followed shortly by new bone formation adjacent to the entheses. The second observation that was completely unexpected was that there were special kinds of T cells sitting in the entheses waiting to be activated by IL-23. These T cells were discovered using a special technique where the researchers genetically engineered a mouse so that every cell that could respond to IL-23 turned green – actually fluorescent green – by expressing what is called green fluorescent protein or GFP, attached to the IL-23 receptor. In this way, cells that express IL23R are also fluorescent green and easy to find with a special microscope. When the researchers looked in the mouse, GFP-expressing cells were found not only where immune responses are normally generated, but also in peripheral and spinal entheses. The IL23R-green cells were present even in healthy mice that had not been exposed to extra IL-23 or any other agents that activate the immune system. Quite remarkably, they were also found in specific regions of the heart where the aorta comes out, suggesting that they might be involved in the development of aortic valve inflammation that occurs in some individuals with spondyloarthritis and can lead to valve damage. When the GFP-expressing enthesal T cells were further examined they were found to make a number of inflammatory cytokines when treated with IL-23, including IL-17 and IL-22. IL-17 is well known to mediate some of the pro-inflammatory effects of IL-23. Of even greater interest, they found that IL-22 was

RESEARCH

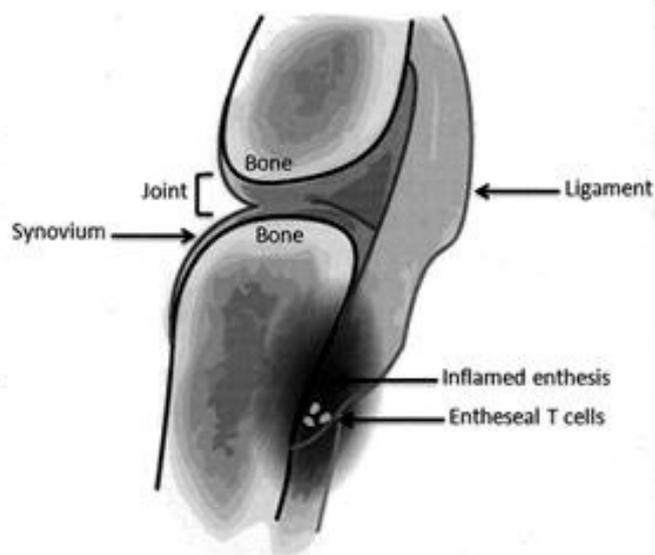


important for promoting bone formation in and around the entheses that followed on the heels of inflammation.

These new findings have many implications and like most good research studies, they raise additional questions. First, it has long been thought that the entheses and spine were affected in ankylosing spondylitis because of a different kind of T cell that would be aimed specifically at HLA-B27 as part of the adaptive or memory immune response. Results from rats expressing HLA-B27 have caused this theory to be questioned, and this new study confirms that the road to enthesitis does not require immune recognition of

HLA-B27. Second, and more importantly to the many individuals who suffer from the symptoms of enthesitis along the spine or in the extremities, this type of inflammation might be treated by inhibiting IL-23. However, it is important to remember that many people already benefit from biologics that target tumor necrosis factor (TNF), which could be part of this inflammatory cascade. Thus it will be important to learn in future studies whether blocking IL-23 is beneficial in spondyloarthritis, and eventually whether it is more effective than TNF blockade. This study also raises the possibility that targeting IL-22 will help slow the progression of spinal disease and the bone formation that can eventually cause ankylosis. As a

pediatric rheumatologist I am often puzzled by the observation that in children with spondyloarthritis, the hips and entheses in the legs and feet are affected, while the back and spine are often spared, at least until later in the course of the disease. Considering these new findings, it is intriguing to speculate that the location of the enthesal T cells might change with growth and development, which could account for the age-related differences in symptoms. One important question not addressed by this study is what causes the overproduction of IL-23? Moreover, since IL-23 has been implicated in a number of inflammatory diseases, why aren't enthesitis and spinal involvement more common? Perhaps the answer is once again, location, location, location! Just like the enthesal T cells may be situated at the crossroads of IL-23 and spondyloarthritis, perhaps the biomechanical forces generated at entheses provide a stimulus for IL-23 production in genetically susceptible individuals. Stay tuned.



Glossary

- Cytokines** Small protein molecules such as interleukins or interferons that are made and secreted by cells. Cytokines can act locally or circulate through the blood and communicate messages to other cells.
- Enthesis** Area where tendons and ligaments attach to bone.
- Enthesitis** Inflammation of the entheses. Common sites of enthesitis in SpA include the pelvis, spine, heel, and knee.
- Macrophage** A type of white blood cell that can ingest material including bacteria, and produce pro-inflammatory cytokines.
- Neutrophil** A type of white blood cell, also known as a granulocyte, that circulates in the bloodstream and is one of the first responders to tissue damage including infection, and helps to eliminate invading organisms.
- Synovium** A cellular membrane located between the joint capsule and the joint cavity.
- T Cells** A type of white blood cell or lymphocyte that matures in the thymus and can secrete cytokines and other mediators of the immune response.

AS Exercises
By Margaret Lewington
Physiotherapist

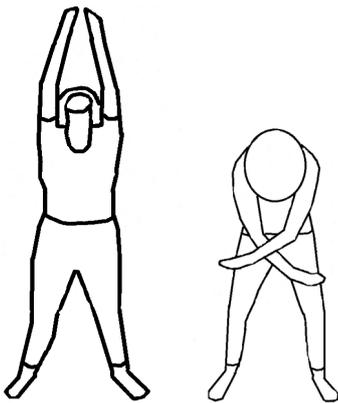
These are some more exercises following on from the last issue.
 You can do them with some vigour. Enjoy!

1. Arm swing



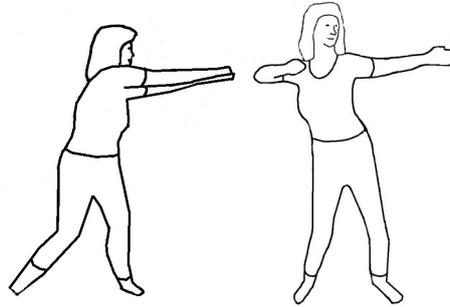
Stand tall and balanced, feet hip width apart. Turn the body side to side, allowing the arms to swing and wrap around your body each way.

2. Arms circle



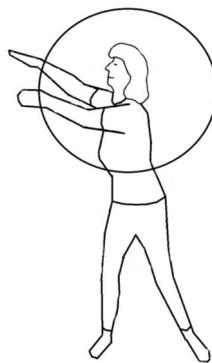
Lift both arms up out to sides until the reach over head. Stretch tall, lift chest, and breathe in. Relax and bring arms back down past your sides to cross over, while allowing yourself to fall forwards. Then repeat.

3. Bow and arrow at the side



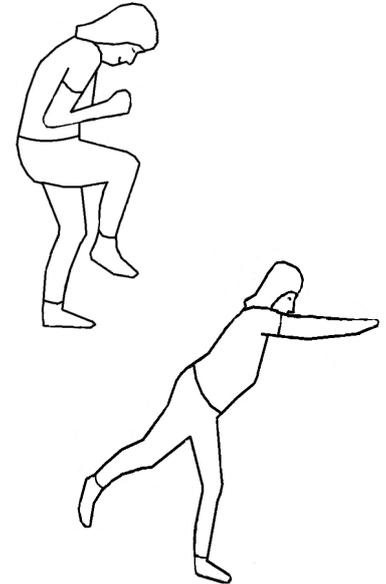
Hold one arm out to your side at shoulder height. Turn to look at this arm and reach your other arm across your body towards it - turning your upper body. Now pull this arm back across your chest - elbow back - opening and stretching your chest and front of shoulders. Complete several then repeat on other side.

4. Windmill



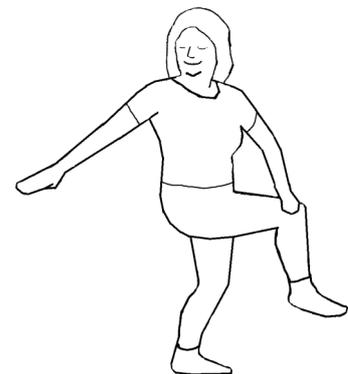
Keep both arms together, draw a large circle in front of you - out to the side over your head and down and around. Keep your knees soft so they can bend and stretch with your movement. Repeat in opposite direction.

5. Knee lift and Kick back



Lift knee to chest, curling your back. Tuck arms in, hug your knee if you can. Then stretch out with arms forward and slightly up and leg out behind. Involve the trunk as well as the limbs.

6. Knee taps



Lift knee in front and touch with opposite hand. Take other hand behind and stretch to assist the body to turn. Keep chest up.

Ankylosing Spondylitis Victoria Inc Report by Annie McPherson



Spring has arrived in Melbourne bringing with it morning weather in low temperatures then quite high during the afternoon, with an occasional deluge in-between. Trying to plan our outside exercise activity is just hilarious, I found it best

to head back to the gym and indoor warm water pools. I have also been extending my walks to at least one long one per day. It is great to vary our activities so we do not become too bored or look at the same vistas every day.

Our committee has been very busy over the last couple of months with Arthritis & Osteoporosis Victoria registration, various administration tasks and mostly preparing for our annual AS seminar at Austin Health. Please contact us if you can spare some time to help with these administration tasks, we can always do with extra pairs of hands any-time.

Thank you to all the members who supported the recent AS research projects and especially those who alerted us to the internet linkage problems for the online survey. Sometimes the glitches escape into the network despite the researchers best efforts. We have received thank you notes from both researches, Janet Millner, Tasmania University and Dianne Lowe, LaTrobe University who appreciated the time and effort people have contributed to their projects.

Adam and Chris are planning to hold AS Coffee and Chat nights in the South Eastern region so please keep up-to-date with our website events page for details. Our Rose Hotel Fitzroy dinner has been moved to early February 2014. A notice will be circulated in late January 2014.

As it is almost the end of the year, the committee would like to wish everyone safe happy travels over

the holiday season and that you keep well for the New Year ahead.

Arthritis & Osteoporosis Victoria News:

In August we were invited to attend the launch of a new initiative from Arthritis & Osteoporosis Victoria (A&O Vic) "A Problem worth Solving" a report detailing the rising cost of musculoskeletal conditions (MSK) in Australia. The study was produced by A&O Vic based on analysis completed by Deloitte Access Economics. The study focused on the four most prevalent MSK conditions, Rheumatoid Arthritis, Osteoporosis, Osteoarthritis and Back Pain from the National Health Priority Area 2012. The AS condition falls into the Back Pain area of the study. The data for the study was collated from 2012 the National Health Priority Area study and Australian Bureau of Statistics. Genevieve Nolan gave a presentation on this study in our annual AS seminar in October. A complete set of reports, summaries and infographics can be found on the A&O Vic website, www.arthritisvic.org.au. [Please refer also to our AS Victoria annual seminar report on page one]

In early October 2013, I attended a Melbourne Osteoporosis Support Group Inc. annual seminar where two speakers presented. Assoc/Prof. Evan Romas, Rheumatologist, University of Melbourne at St.Vincent's Hospital spoke on the importance of Calcium and Vitamin D in Osteoporosis management. Prof. Henry Burger, Endocrinologist, Jean Hailes for Women's Health spoke on the importance of Hormone Replacement Therapy in relation to Osteoporosis. We were provided with a number of updated fact sheets from Osteoporosis Australia on Osteoporosis and Vitamin D, Sunshine exposure and exercise. Although only a small number of people with AS may have been diagnosed with Osteoporosis, this information may be of interest, so please contact me or A&O Vic. for a copy of the fact sheets.

Annie McPherson


Seasons Greetings


*We wish all our members
Merry Christmas and a happy and
free moving New Year!!!*

AS Group Queensland Report by Ross Wilson

We are closing in on Christmas fast, which presents us with all the usual questions. What presents to buy; where are we having Christmas; what are we going to eat and the list goes on. Picking a day to get everyone together is becoming harder and harder as the kids get older and move out to start lives of their own. Hopefully it will all come together without too much stress.

We have all had a busy past couple of months with getting the Symposium organized and I am pleased to say it all went very well. Margaret did a wonderful job gathering together a diverse range of presenters, as well as gaining us access to a fantastic venue. The Translational Research Institute is state of the art, the auditorium was huge with comfortable seating as well as the latest in audio visual equipment. The giant Atrium outside provided the perfect spot for morning tea and lunch. Once again our cooks excelled, I think I tried just about everything and it was delicious.

Getting back to the speakers, first up on the day was Rheumatologist Dr Helen Benham who gave an overview of the disease and related Spondyloarthropathy conditions.

Next up was Dr Diana Conrad, an Ophthalmologist specializing in inflammatory eye conditions which affects many people with Ankylosing Spondylitis.

After morning tea Linda Bradbury, a Rheumatology-Nurse Practitioner, working in the AS Clinic at the Princess Alexandra Hospital and also genetics research with Professor Matthew Brown, spoke of managing strategies; including medication, exercise, healthy diet and how smoking affects the condition.

Penny Lewis, a Psychologist, who also has AS, then spoke of strategies for coping with AS. This presentation was very well received as it is an area that is not commonly spoken about but can play an important part in managing our lives.

After lunch it was Margaret's turn to send out the movement for health message. She spoke of the importance of combining exercise into your management plan and that any type of movement is better than none. (One I do a lot is neck stretches while I am waiting at the traffic lights).

Our last speaker for the day was Rheumatologist Dr Philip Robinson who brought us up to date with the latest research and what could be around the corner in new treatments.

The day ended with a panel discussion comprising of



Dr Diana Conrad and Dr Helen Benham get the Symposium off to a great start!

Margaret; Penny; Philip and Linda who were kept busy with lots of questions which they were able to answer, but a few to which there is still no answer.

Thank you to all the speakers for volunteering their time to come along and share their knowledge and experience with us. Overall it was a great day and going by our feedback forms, I think everyone went away with a better understanding and increased knowledge to help them manage this condition and make the most of their lives.

I spoke about the AS group of Qld on the day which I have included below:--

The As Group of Qld was established to support you, the people living with AS, and your families and also to promote awareness to the wider medical community and in doing so help bring about earlier diagnosis.

The more you know about this condition the easier it becomes to manage. Gaining ideas from others and working out what works for you is a big step towards this. In my experience, over the last 30 plus years, staying as active as possible is truly the key. It's very easy to mope around

AS Group Queensland Report *Continued from page 9 ...*

when you are not at your best, but it is very important to stay motivated and to keep moving as much as you can. The saying "Move it or lose it" definitely applies to this condition.

Our aim is to give you the information to learn and the opportunities to meet others travelling the same journey. The AStretch Newsletter, land and water exercise DVD's and guidebooks etc. are some of the things we provide. The other is social activities ranging from dinners, BBQ's, walks, bike rides and even indoor rock climbing was given a go this year, many of us were surprised at how well we went.

We are always looking for new ideas so please take the time to fill out the survey form which will be handed out, so you can let us know what we can do to better support our members. It is

good to see such a great turnout, which says to me you are all keen to learn more, and with the help of your doctors, physios, specialists etc. we hope we can make living with AS a little easier. But at the end of the day it is really up to you.

I would like to take this opportunity to thank Margaret and our dedicated committee and partners in their tireless efforts in bringing this day together. They have all found the time between work and home commitments to volunteer their valuable time to make this day a success.

Thank You.

Our next event is the Christmas dinner at Avanti Café, Bardon. Please consider coming along, we always have a good time catching up with old friends and meeting new ones. It is also a good chance to swap stories on what has been working for you or things you have tried throughout the year. Please check the event calendar for more details.

On behalf of myself and the Committee I would like to wish you all a Merry Christmas and a Happy and free moving New Year.

Ross



The Symposium Panel

Michael Russell, Linda Bradbury, Philip Robinson, Penny Lewis and Margaret Lewington answering those tricky questions!



Hydrotherapy in Brisbane

Supervised by Margaret Lewington

(B.Phty. Cert Hydro)

WHEN: Tuesday Nights

TIME: 6.30 – 7.30 pm

WHERE: Hydrotherapy Pool,
lvl 2, Ned Hanlon Building,
Royal Brisbane & Women's
Hospital, Butterfield St
Herston.

COST: \$10 or 10 classes for \$90

ENQUIRIES:

Margaret 0404 414 501
or 07 3376 6889



Calendar of Events

Queensland



Saturday, 14th December - Christmas Dinner.

The AS Group of Queensland would like to invite you to its Christmas Dinner.

Where: Avanti Cafe, Bardon. <http://www.avanticafe.com.au/>

When: Saturday 14th December, from 6pm

Cost: We require a **\$10 deposit per person** for the booking. We will be having a banquet which will cost about \$30 plus drinks.

RSVP: RSVP can be in person or via email, **by the 7th December**. Deposit is required by then, payable to Maritza or myself, or by Direct deposit - BSB 064181, Acc 10030014.

We look forward to seeing you there.

Mark Robinson

AS Group of Queensland
Social Organiser and Assistant Secretary
Email: asgroupqld@uqconnect.net
Ph: 0407 425 750

General Information on the web

Ankylosing Spondylitis Groups of Australia

www.asaustralia.org

Arthritis Australia

www.arthritisaustralia.com.au

Spondylitis Association of America (SAA)

www.spondylitis.org

Ankylosing Spondylitis Victoria Inc

www.asvictoria.org

The National Ankylosing Spondylitis Society (NASS) (United Kingdom)

www.nass.co.uk

Ankylosing Spondylitis International Federation (ASIF)

www.spondylitis-international.org

Hydrotherapy in Western Australia (Perth)

WHERE: Royal Perth Rehabilitation Hospital
Shenton Park Annex Selby St Shenton Park

WHEN Every Monday evening
(Public Holidays excepted)

COST \$ 7.00

PHONE 08 9382 7307 Lindsay

TIMES:

Hydrotherapy Pool
5.30pm Hydrotherapy exercises

Gymnasium
5.45pm - Land Exercises

Note: All sessions are conducted by experienced Physiotherapists. Total Session time is two hours with groups changing over at the end of the first hour.

Also: Another AS/spinal mobility Pool Class is available at South Care, St John of God Hospital - for details: 08 9366 1730

Ankylosing Spondylitis Victoria Inc Membership Form

AS Victoria is a peer support group affiliated with Arthritis/Osteoporosis Victoria



Who we are and what we do....

The AS Victoria is an organisation of people with Ankylosing Spondylitis who wish to improve knowledge and ability to manage the condition. Our group shares a number of goals and objectives for people and families living with Ankylosing Spondylitis.

We aim to provide the following:

- Provide a forum for the exchange of ideas and experiences.
- Distribute information to patients and medical professionals on AS.
- Provide and co-ordinate educational information, events, workshops and seminars on AS.
- Co-operate and interact with local, interstate, international Arthritis and peer support groups including participation in their events and activities.
- Arrange social events and activities for our group members, their families and friends

Some of the benefits of belonging to our group:

- AStretch newsletter
- Seminar evenings with excellent guest speakers
- Improved awareness of AS and the AS community
- Opportunities for interaction with other members at social gatherings and activities
- Land exercise DVD for people with AS

Membership Details

First Name: _____ Surname: _____

Mobile: _____ Home: _____

Email: _____

Address: _____

I wish to become a member of AS Victoria Inc. support the purposes of the organisation and agree to comply with the rules*

Signed: _____ Date: ____/____/____

Send to:
AS Victoria Inc
PO Box 3166
Burnley North 3121

*Concession rate available for pensioners, unemployed with health benefit card and full time students with student card.

#Mail out membership all correspondence will be sent by Australia Post

** The rules are the model rules for an incorporated association under section 46 of the Associations Incorporation Reform Act 2012.

Ankylosing Spondylitis Victoria Inc complies with the Privacy Amendment (Private Sector) Act 2006 and will not sell your personal information to another organisation. You may be notified of Ankylosing Spondylitis Victoria events, services and ways of assisting us to maintain these services. If you wish your name to be removed from our data base at any time please write to us. AS Vic Inc passes on to members a variety of information on health and medical issues only for general, educational and informative purposes. AS Vic Inc is not diagnostic or prescriptive and does not replace the services or advice of a qualified health care professional or purport to do so.

Membership Type

- New Renewal (annual 30th June)

- Mailout² membership (\$25.00)
- Concession⁺ Mailout² membership (\$20.00)
- Email member ship (\$20.00)
- Concession⁺ email membership (\$15.00)

Donation: \$ _____

Total: \$ _____

Cheque, money order or direct deposit - Please contact our treasurer for our bank details:
asvictreasurer@hotmail.com

Statistical Information (Optional):-

1. Are you a member of Arthritis Victoria? **Y / N**
2. Are you happy for us to pass on your contact details to other members of the group in your area? **Y / N**
3. Gender **M / F**
4. Year of Birth: _____ 5. Preferred Language: _____
6. Do you suffer from A S **Y / N**
7. Do you know someone who suffers from A S **Y / N**

Do you have any other conditions?

Are there any specific activities you would like us to organise?

Ankylosing Spondylitis Victoria Inc complies with the Privacy Amendment (Private Sector) Act 2000 and will not sell your personal information to another organisation. You may be notified of Ankylosing Spondylitis Victoria events, services and ways of assisting us to maintain these services. If you wish your name to be removed from our data base at any time please write to us. AS Vio Inc passes on to members a variety of information on health and medical issues only for general, educational and informative purposes. AS Vio Inc is not diagnostic or prescriptive and does not replace the services or advice of a qualified health care professional or purport to do so.