

# Fragile X Association of Australia Inc

## LIBRARY REQUEST FORM

I am a member of The Fragile X Association **Yes / No**

I would like to join the Fragile X Association **Yes / No**

*(a membership form will be forwarded to you)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ P/code \_\_\_\_\_

Telephone (day) \_\_\_\_\_

Evening \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**I WOULD LIKE TO BORROW :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DATE :** \_\_\_\_\_

**DEPOSIT AMOUNT :** \_\_\_\_\_

*Your deposit will be sent back to you after the book has been returned.*

Please find enclosed a cheque for \$ \_\_\_\_\_ *(made payable to the Fragile X Association)*

**OR please debit my Mastercard / Visa (Please Circle)**



Expiry Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

**Please return this form with your payment to:  
Fragile X Association, PO Box 109, Manly, NSW 1655**

**or fax to 02 9976 2396 or email the completed document as an attachment to  
support@fragilex.org.au**