

| YOUR CONTACT DETAILS |  |  |       |           |          |  |
|----------------------|--|--|-------|-----------|----------|--|
| First Name           |  |  |       | Last Name |          |  |
| Street               |  |  |       |           |          |  |
| Suburb /Town         |  |  | State |           | Postcode |  |
| Phone                |  |  |       |           |          |  |
| Email                |  |  |       |           |          |  |
| Occupation           |  |  |       |           |          |  |

I wish to:  RENEW my membership of Fragile X Association of Australia Inc  
 APPLY to become a member

In the event of my admission as a member, I agree to be bound by the Constitution of the Association.

Signature: \_\_\_\_\_

### How are you and your family affected by Fragile X? (please continue on back if needed)

| Name | Year of birth |  |
|------|---------------|--|
|      |               | <input type="checkbox"/> FXS <input type="checkbox"/> FX Carrier <input type="checkbox"/> FXTAS <input type="checkbox"/> FXPOI |
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|      |               | <input type="checkbox"/> FXS <input type="checkbox"/> FX Carrier <input type="checkbox"/> FXTAS <input type="checkbox"/> FXPOI |

|  |                                 |                                  |                                       |                                |                                |
|--|---------------------------------|----------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| What is your relationship to the family? | <input type="checkbox"/> Parent | <input type="checkbox"/> Sibling | <input type="checkbox"/> Husband/wife | <input type="checkbox"/> Child | <input type="checkbox"/> Carer |
|--|---------------------------------|----------------------------------|---------------------------------------|--------------------------------|--------------------------------|

### STAYING IN TOUCH

|   |  |
|---|--|
| Would you like information about <b>Fragile X clinics</b> ?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Would you like to be contacted by other <b>Fragile X families</b> in your area?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Are you interested in information about <b>research studies</b> ?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Our <b>member newsletter</b> <i>fx info</i> is sent quarterly. How would you like to receive it ? | <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> BOTH |

### MEMBERSHIP FEE and INVITATION TO MAKE A TAX-DEDUCTIBLE GIFT

|  |   |
|--|---|
| <b>MEMBERSHIP SUBSCRIPTION</b>   | <input type="checkbox"/> 1 year <b>\$25.00</b> <input type="checkbox"/> 2 years <b>\$45.00</b>  |
| <b>I wish to make a DONATION</b><br>Donations of \$2.00 and over are tax deductible. | <input type="checkbox"/> \$100.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$ _____ |
| <b>TOTAL PAYMENT being made: \$ _____</b>  |   |

### PAYMENT OPTIONS

|   |   |                               |                               |
|---|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> <b>Credit card</b>                   | <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA | <input type="text" value=""/> | <input type="text" value=""/> |
| Name on card  |   |                               | Expiry date ___/___           |
| Signature   |   |                               | Date                          |
| <input type="checkbox"/> <b>Cheque / Money order enclosed</b> | Please make payable to: Fragile X Association of Australia Inc    |                               |                               |
| <input type="checkbox"/> <b>Call us</b>                       | To provide your details over the phone: <b>1300 394 636</b>       |                               |                               |

Privacy: Your personal details are stored securely and only used by the Fragile X Association for administrative purposes.