



Year ending 30 June 2018 or 30 June 2019



| 1. Your Contact Details | | | | | | | | | | |
|---|--|--|---|-----------|------------------|-------------|----------|--------------|-----------|--|
| First Name | | | l | _ast 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: Signature: | | | | | | | | | | |
| 2. Membership Fee | | | Membership is for a financial year, eg 1 July 2017—30 June 2018 | | | | | | | |
| Membership Subscription | | ☐ 1 year \$25.00 ☐ 2 years \$45.00 | | | | | | | | |
| 3. T | ax-Deductible Dona | ition | Please give ge | nerous | ly to support th | e Fragile : | X commu | unity across | Australia | |
| Your donation will help us to continue the support services we provide to the Fragile X families and to increase awareness of Fragile X conditions in the medical community. Services include: Helpline 5 days a week, family support counselling, facilitation of clinics, and resources and information through our website and workshops. We do not receive government funding and rely entirely on subscriptions, donations, fundraising and grants. Donations of \$2.00 and over are tax deductible. Donation options include single donation, monthly donations, and using your workplace giving program to donate. Contact us for more information on making regular donations. Donation \$500.00 \$200.00 \$100.00 \$50.00 \$20.00 \$\$\$ 4. Total Payment (ie, 2 + 3) \$\$\$ Payment Options for membership fee and donations A. Direct Payment Bank: Commonwealth Bank of Australia Account: FRAGILE X ASSOC OF AUST Account no: 28022799 | | | | | | | | | | |
| | | (include your name as payment reference) | | | | | | | | |
| B. | Credit Card | ☐ Maste | erCard 🗌 VISA | | | | | | | |
| Name on card | | | | | Expiry date/ | | | | | |
| | Signature | | | | | | | | | |
| C. | C. Phone Call us on 1300 394 636 to provide your details | | | | | | | | | |
| 6. Fragile X Conditions: How are you and your family affected by Fragile X? | | | | | | | | | | |
| Name Year of birth | | | | | | | | | | |
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