

Application form for membership Fragile X Alliance Inc



Yes, I would like to join / renew my membership of the Fragile X Alliance Inc.
Valid for the calendar year (January – December).

Cost: **\$44**

Payment Options:

CHEQUE

or

Charge my credit card

payable to "Fragile X Alliance Inc"

Visa / Master card / Bankcard

Post to: **Fragile X Alliance Inc,**
263 Glen Eira Rd, North Caulfield 3161

Fax to: **9532 9555**
or
Post to: **Fragile X Alliance Inc,**
263 Glen Eira Rd, North Caulfield 3161

I would also like to make a donation of \$.....

TOTAL \$.....

Card no:

Expiry date: _____

Signature: _____

First Name _____ **Last Name** _____

Address _____

Suburb/Town _____ **Postcode** _____

Phone _____ **Fax** _____

E-mail _____

Profession/Link to Fragile X Syndrome _____

(Please tick the relevant boxes:)

I would like to be involved with helping plan future activities of the FXA Inc

Please contact me with information about future research trials.