

# 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**

**Payable to:** Fragile X Alliance Inc

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

or

**Charge my CREDIT CARD**

Visa / Master card / Bankcard

**Email to:** reception@geneticclinic.com.au

**Fax to:** 03 9532 9555

**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** \_\_\_\_\_

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

Please contact me with information about future research trials.