

Application form for membership of Fragile X Alliance Inc

Yes, I would like to become a member of the Fragile X Alliance Inc
(inc membership of the Fragile X Association of Victoria).

1. I enclose **cheque** for **\$44.00** payable to "**Fragile X Alliance Inc**"
POST to **Fragile X Alliance Inc, 263 Glen Eira Rd, North Caulfield 3161**

or

2. Please **charge \$44.00 to my** Visa / Mastercard / Bankcard (*please circle*).
FAX this form to **9532 9555** or mail to **Fragile X Alliance Inc, 263 Glen Eira Rd, North Caulfield 3161**

Card no:

Expiry date: _____ Signature: _____

First Name _____ Last Name _____

Address _____

Postcode _____

Phone _____ Fax _____

Profession _____ E-mail _____

(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.

In the event of my admission as a member, I agree to be bound by the Rules of the
Association for the time being in force.