

I would like to be a Friend of Rett Syndrome

Title (e.g., Mr, Mrs, Ms, Dr, Prof etc.)	
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First Name	
Middle Name	
Family Name	

Address:

Street Name and Number	
Suburb	
State	
Post Code	

Phone - Personal:

Mobile	
Home - Landline	

Email – Personal:

Preferred	
Backup/Secondary	

Employment Details – Current or Last Position:

Position Title	
Company/Organisation Name	
Direct – Phone Number	
Company/Organisation Address – Street and Number	
Company/Organisation Address – Suburb	
Company/Organisation Address – Post Code	

I would like to assist Rett Syndrome in the following way/ways:

For example, you might:

- work in relevant ministerial offices
- work in University research groups specialising in Rett syndrome related conditions
- be on a P&C Committee that has local member on its committee or steering group
- belong to a sporting club that has members in very influential private sector roles e.g., senior staff in a bank.
- be neighbours of someone in the groups mentioned above
- have gone to school with someone in the groups mentioned above.



I understand that by completing this form I am under no obligation to provide or perform any services for or on behalf of the Rett Syndrome Association of Australia Inc. and that I can, at any time, by contacting the RSAA Secretary, have my details removed from the RSAA records.

I also understand that the RSAA will always, protect my privacy and will never, without my express approval, contact anyone that I may introduce to the RSAA and further, that all correspondence between me, the RSAA and third parties related to me, will be confidential and only available on a need-to-know basis to relevant members of the RSAA committee.

Name: Please print

Signature:

Date:/...../.....

Please complete this editable .pdf form, sign and scan for emailing to the Rett Syndrome Association of Australia Inc. at admin@rettaustralia.org.au