

Membership Application 2021

Tax Invoice

The Rett Syndrome Association of Australia Incorporated (RSAA) welcomes membership from families, individuals and other organisations who wish to support our aim of enhancing the quality of life for persons with Rett syndrome, their families and carers.

Membership details

Please return this form to RSAA – Our details are below

Name(s): _____

Phone No: _____

Email: _____

Postal Address: _____

The same membership fee applies, be it for family, individual or organisation

Membership – 1 year (1 July 2021 – 30 June 2022) \$35 (incl. GST) \$.....

Membership – 3 years (1 July 2021 – 30 June 2024) \$90 (incl. GST) \$.....

I would like to make a donation (donations of \$2 or more are tax deductible) \$.....

Total payment amount: \$.....

I would like a receipt sent to:

Consents *(If you are a parent, guardian or carer of someone with Rett syndrome)*

Do you consent to your name and contact details being provided to:

- Other Australian Rett syndrome families Yes No N/A
- Researchers and organisations studying Rett syndrome Yes No N/A
- Media with an interest in Rett syndrome Yes No N/A
- Any other person/organisation not listed above Yes No N/A

What is your relationship to a person with Rett syndrome? *(this information is optional)*

We know a special Rett person whose name is _____ and whose relationship to us is _____. Date of her or his birth (if known) is ___ / ___ / ____

Payment Options

Transfer to RSAA, Commonwealth Bank:
BSB No: 063010 Account No: 10215821
Please include who has paid and why

Cheque/Postal Order made payable to:
Rett Syndrome Association of Australia Inc
Please send to the address shown below

Payment by Credit Card or PayPal:

Please provide the following details: Your signature: _____

Name on Card: _____ Expiry ____ / ____

Card Number: _____ CVV No: _____

You may prefer to **renew online** at <https://rettaustralia.org.au/who-we-are/membership/>

*Thank you
for your support*

I/We provide consent as above and agree to be bound by the Association's rules, a copy of which can be obtained by contacting RSAA.

Signature(s): **Date:**