

# Membership Application 2020

## 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 2020 – 30 June 2021)      \$35 (incl. GST)      \$.....

Membership – 3 years (1 July 2020 – 30 June 2023)      \$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:** .....