

# Membership Application 2024

## 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 by mail to our address below or a scanned copy to [admin@rettaustralia.org.au](mailto:admin@rettaustralia.org.au)*

Name(s): \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Address Street and Number: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ State: \_\_\_\_\_

*The same membership fee applies for an individual, family or organisation*

Membership – 1 year (1 July 2023 – 30 June 2024)      \$Free      \$..... 0.00

Membership – 1 year (1 July 2024 – 30 June 2025)      \$35 (incl. GST)      \$.....

Membership – 3 years (1 July 2024 – 30 June 2027)      \$90 (incl. GST)      \$.....

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

**Total payment amount: \$.....**

Please send receipt to:  Email address  Postal address

### 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 (EFT) to RSAA, Commonwealth Bank:**

BSB No: 063010 Account No: 10215821

*Please include a comment on the EFT e.g. "New Member (Last Name)"*

#### **Cheque/Postal Order made payable to:**

Rett Syndrome Association of Australia Inc

#### **Payment by Credit Card:**

Please provide the following details: Your signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_

Card Number: \_\_\_\_\_ CVV No: \_\_\_\_\_

*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:** .....

**Rett Syndrome Association of Australia Incorporated** ABN: 55 128 238 122

Registered Address: 74 Peter Street, Grovedale, Victoria 3216 Phone: 0418 561 796

Email: [admin@rettaustralia.org.au](mailto:admin@rettaustralia.org.au) Website: [www.rettaustralia.org.au](http://www.rettaustralia.org.au)