

Fragile X New Zealand

MAILING LIST APPLICATION / RENEWAL

Name: _____

Address: _____

Telephone: _____ Mobile: _____ E-mail: _____

Relationship to person with fragile X syndrome: PARENT(S)

Please provide information about your children with fragile X

Name: _____ Sex: ___ Birth year: _____ Diagnosis year: _____

Name: _____ Sex: ___ Birth year: _____ Diagnosis year: _____

Name: _____ Sex: ___ Birth year: _____ Diagnosis year: _____

PROFESSIONAL Profession: _____

OTHER Relative, friend, student, carer, other? _____

Questions, comments _____

I give my permission to have my name and contact details passed on to other families in my area. Yes No (please circle one)

The Fragile X New Zealand is a charitable organisation that relies on your donations to operate. We request an annual donation of \$10 or more per family to assist our endeavours. Donations over \$5 are tax deductible. Please make cheques payable to: **Fragile X New Zealand**

I enclose an annual donation of: \$ 10.00

I enclose a further donation of: \$ _____

Total Payment: \$ _____

Please send this form and donation to: **Fragile X New Zealand, PO BOX 1322, Nelson 7040**

Or donate via internet banking; **FXNZ Bank Account 12 - 3152 - 0096420 - 00**

All information obtained is for the sole purpose of the Fragile X New Zealand as directed by the Privacy Act 1993. Information will not be given to a third party without your written consent.

For more information: Email: admin@fragilex.org.nz Phone: 0508 938 0552