



**FRAGILE X TRUST (NZ)**

*Supporting New Zealand families living with fragile X syndrome*

# **FRAGILE X TRUST (NZ)**

## **MAILING LIST APPLICATION / RENEWAL**

### **for the year ending March 2011**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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 Trust (NZ) 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 Trust (NZ)**

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 Trust (NZ), 196 Taita Drive, Lower Hutt 5011**

*All information obtained is for the sole purpose of the Fragile X Trust (NZ) 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**

*Office Use only*

Date Received \_\_\_/\_\_\_/\_\_\_    Info Pack Sent \_\_\_\_\_    Receipt No. \_\_\_\_\_    Enter Database \_\_\_\_\_