



O.R.S.A. MEMBERSHIP APPLICATION

Membership (\$30 yearly) New Member 1-Year Renewal Automatic Renewal with Credit Card

We are parents of an individual with Rett syndrome and would like to become members of O.R.S.A. but cannot afford full dues; you will still be welcomed as members.

I would like to support O.R.S.A. and its objectives by enclosing a donation of _____ .
Receipts will be issued for donations over \$20.00.

I would like to help by donating my time. Please contact me at _____ to discuss how I can help.

I would like to receive French language communications when possible.

NAME _____ PHONE (HOME) (____) _____

ADDRESS _____ (WORK) (____) _____

_____ E-MAIL ADDRESS _____

PLEASE COMPLETE THE FOLLOWING IF YOU ARE A NEW MEMBER OR HAVE UPDATED INFORMATION:

NAMES OF OTHER FAMILY MEMBERS _____

NAME OF INDIVIDUAL WITH RETT SYNDROME _____ AGE _____

DATE OF BIRTH MM / DD / YYYY NUMBER OF BROTHERS _____ SISTERS _____

PLEASE CIRCLE IF YOU ARE A:

Parent/guardian, relative, friend, care-giver, physician, teacher or therapist of an individual with Rett syndrome.

Has the diagnosis of Rett syndrome been confirmed? _____

Name of diagnosing physician(s) _____

Please indicate if you give permission for your name and address to be released to:

Other parents Researchers

Provide a photograph of an individual with Rett syndrome. It may be used in newsletters, website or for public awareness.

CORRESPONDENCE: Electronically only (unless email address is not available)

PAYMENT OPTIONS

Enclosed is my cheque payable to the O.R.S.A.

VISA MASTERCARD

Card Number: _____ Expiry Date: _____

Signature: _____

Mail your payment to:

Ontario Rett Syndrome Association

P.O. Box 50030,

London, Ontario,

N6A 6H8