

Rett Syndrome Association of Australia Incorporated
(Victorian Associations Incorporation Acts 1981 and 2012 – Registration no. A0018783U)
(ABN 55 128 238 122)

Tax Invoice

Date of issue: 1 July 2018

Amount \$30 (Please note that the cost of an individual membership, or that for a family or an organisation, is the same i.e., each costs \$30)

RSAA membership application - 2018/2019

I/We wish to apply for membership of the Rett Syndrome Association of Australia Inc. (RSAA) for the period 1 July 2018 to 30 June 2019.

I/We support the purpose of the Association which is to enhance the quality of life of persons with Rett syndrome, their families and carers.

I/We also agree to the rules contained in RSAA's constitution which are the 'Model rules for an Incorporated Association' as specified in *the Associations Incorporation Reform Act 2012 Part 3, Consumer Affairs Victoria*.

Name (s) _____

Postal address _____

Email address (es) _____

Phone (s) landline (STD code) _____ mobile _____

Signature _____ Date _____ Signature _____ Date _____

Do you wish to receive a **receipt** for your \$30 membership payment? Yes/No
Please note that the \$30 payment includes a Goods and Services (GST) component for which RSAA is registered with the Australian Tax Office, to apply.

Payment of membership and/or a donation

Options:

Directly into the RSAA Commonwealth Bank account

BSB 063010 Acc. No 10215821
When making the deposit, please provide a name and reason to enable us to identify you and the transaction type.

Mailing to

Rett Syndrome Assoc. of Australia Inc
74 Peter St
Grovedale Victoria 3216.

Credit card

Type (please circle): Visa Mastercard
American Express Discover

Name on card: _____

Card no. _____

Expiry date: ____/____
(mm / yy)

CVV no: _____ What's this? For Mastercard, Visa or Discover, it is the last 3 digits in the signature area on the back of your card. For American Express, it's the 4 digits on the front of the card.

Signature of cardholder: _____

Paypal

Via the RSAA website at
<http://www.rettaustralia.com/about-rsaa/membership/> Payment by credit card can also be made by using this link.

Consent

(This section only applies to a parent, guardian or carer)

Personal details of the like requested above are treated as confidential by RSAA, and release of such can only be done by the Association if it has the written consent of the individual or representative of the family concerned. Please indicate your permission or non-permission to release your contact details for each of the groups which follow.

Do you give your consent for RSAA to pass on your name (s), address (es) and phone number (s) to:

Other Rett syndrome families?	Yes	No
Researchers/research organisations interested in studying Rett syndrome?	Yes	No
Media with an interest in Rett syndrome?	Yes	No
Any other person/organisation not listed above interested in Rett syndrome?	Yes	No

Signature: Date

Donations

Donations of \$2 or more, pursuant to Section 30-45 Item 4.1.3 of the Income Tax Assessment Act 1997, which are made to the Rett Syndrome Association of Australia Inc., are tax deductible.

It may be that, in addition to becoming an RSAA financial member, you may also wish to make a donation. On the other hand, you may prefer to donate rather than become a financial member.

Enclosed is \$ _____ as a donation to RSAA (a receipt for which will be sent to you). To what address would like a receipt sent? As stated above or to

Postal address _____

or

Email address _____

What to do with this form?

Once you have filled it in and completed payment, there is just one more **very important** thing to do.

PLEASE RETURN IT!

Either by post to

Rett Syndrome Association of Australia
74 Peter St
Grovedale Victoria 3216 or

by email to rettaust@bigpond.com

Any inquiries that you may have about membership can be made by contacting RSAA at either of the above addresses or by phoning **0418 561 796**.

Thank you for your support, it is greatly appreciated.