Fragile X Association of Australia Inc

LIBRARY REQUEST FORM

I am a member of The Fragile X Association **Yes / No**

I would like to join the Fragile X Association **Yes / No**

(a membership form will be forwarded to you)

Name _____

Address _____

Suburb _____State _____ P/code _____

Telephone (day) _____

Evening _____

Mobile _____

Email _____

I WOULD LIKE TO BORROW :_____

_____

_____

DATE : _____

DEPOSIT AMOUNT : _____

Your deposit will be sent back to you after the book has been returned.

Please find enclosed a cheque for $ *(made payable to the Fragile X Association)*

OR please debit my Mastercard / Visa (Please Circle)

Expiry Date ___ / ___

Signature _____

Name on Card _____

Please return this form with your payment to:
Fragile X Association, PO Box 109, Manly, NSW 1655

or fax to 02 9976 2396 or email the completed document as an attachment to support@fragilex.org.au