

*To apply for a place at a Fragile X Clinic  
please complete the following:-  
or visit our website [www.fragilex.org.au](http://www.fragilex.org.au)*

## ***Application Form***

I would like to apply for an appointment at the Adult/Children's \* clinic

I would like to attend the Sydney/Melbourne\* clinic

**\*please delete as appropriate**

Patient's name \_\_\_\_\_

Patient's date of birth \_\_\_\_\_

I and/or the patient am/are 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)

Parent/Carer's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

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

Evening \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Please post to:  
**The Fragile X Clinic**  
**PO Box 109**  
**MANLY NSW 2095**