



ANGELMAN SYNDROME ASSOCIATION

P.O. Box 554, Sutherland. NSW 1499

MEMBERSHIP APPLICATION FORM

PLEASE NOTE:

These fees cover your membership of the Angelman Syndrome Association for the term of 1 financial year – from July 1st to June 30th. See the reverse for details.

(Please tick)

Please enrol me as a **Full** **Associate** member of the Angelman Syndrome Association.

[Only direct family members of an Angelman Syndrome individual are eligible for Full Membership]

(Block Letters Please)

SURNAME

GIVEN NAMES (Both if husband and wife/partners)

ADDRESS

STATE POSTCODE

PHONE: *Home:* *Work:*

Fax: *Mobile:*

Email Address

Angelman Child Date of Birth:

PROFESSION & TITLE

(if applying for Associate Membership)

SIGNED:

DATE:

Please find enclosed:

Associate members

Joining fee: \$25
Annual fee: \$35
Total: \$60

Full Members

No joining fee required
Annual fee: \$30

Please make cheques payable to the Angelman Syndrome Association

MEMBERSHIP INFORMATION

MEMBERSHIP FEES

Membership Fees are required to cover the costs, activities, publications and postage incurred by the Association for the benefit of members.

Membership fees shall consist of:

Associate Members:	Joining Fee:	\$25	
	Annual Fee:	\$35	
Full Members:	Joining Fee:	\$0	<i>(no joining fee!)</i>
	Annual Fee:	\$30	

These fees cover your membership of the Angelman Syndrome Association for the term of 1 financial year – from July 1st - June 30th.

FULL MEMBERS

Full Members consist of the direct family members of an Angelman Syndrome individual, and shall receive full benefits provided by the Association.

Only Full members have voting rights under the constitution of the Association.

Full Members will receive the Associations Newsletter which will normally be produced quarterly, and other materials and information provided by the Association.

ASSOCIATE MEMBERS

Associate Members consist of:

- Medical and Professional people and organisations
- Relatives and friends of families with an Angelman Syndrome individual
- Others interested in the activities of the Association

Associate Members do not have voting rights.

Associate Members will receive the Associations Newsletter which will normally be produced quarterly.

Do You Know Of Others?

If you know of other families with an Angelman Syndrome child/adult, or you have relatives, friends, your local doctor or paediatrician who are interested in becoming members and supporting the Association, please copy the Membership Form and distribute to these people. Other wise, all enquiries can be made through the Associations address.