

INDIAN RETT SYNDROME FOUNDATION

(Regd. No. 531)

Web site: www.rettsyndrome.in,
Blog link: www.rettsyndromeindia.blogspot.com
E-mail: info.rett@yahoo.com

Membership Form

First Name:						
Last Name/Surname:						
Occupation:						
E-mail:						
Address:						
State and ZIP code:						
Country:						
Phone (Home/Work)						
Choose Category: (Tick in the re	espective box)					
☐ Parent	☐ Physician	☐ Teacher/Therapist				
☐ Grandparent	Researcher	☐ Caregiver				
☐ Friend	☐ Relative	☐ Other				
Name of Child with Rett Syndro	ome:					
Age/Sex:						
Child's Date of Birth:						
Diagnosis:						
☐ Classical Rett syndrome		☐ Atypical Rett syndrome				
Other than Rett syndrome						
Age at which you	r child was diagnosed					
Name and address of doctor making diagnosis:						

give permission for my name, address, and phone number to be released to: (tick the appropriate choice)								
	Other parents							
	Researchers and Professionals							
	Both							
I want to take (Ordinary/Life) membership of IRSF								
Ordinary membership Rs 500/year								
Life membership Rs. 3000								
Please find enclo	Please find enclosed cash/demand draft/Cheque			in favour				
of "Indian Rett Syndrome Foundation" drawn on bankbranchbranch								
datedSignature		Date		Place				
FOR OFFICE USE								
Application Rece	eived on Considered b	y GC on Decisi	on of GC	Signature of Secretary				
Membership Reg	gd. No.							

Note: Membership payment can be mailed directly to:

Indian Rett Syndrome Foundation, 12/1, Sector-1, Pushp Vihar, (Saket), New Delhi-110017, India.

Further inquiries can be made at info.rett@yahoo.com

All Cheques and DD must be payable at Delhi