

2016 Membership Renewal and Application Form
www.rettsyndromealberta.org

RSSA is dedicated to support and advocacy for people impacted by Rett Syndrome, along with increasing awareness and fundraising. The group's goal is to provide networking opportunities and information needed to assist the people in Alberta down the pathway of this complex condition.

Annual Membership (please circle):

- Membership is from January to January of each year

Family

Individual over 18

Individual under 18

Date _____

Name(s): _____

Address: _____

Phone

Number(s) _____

Email

Address _____

Names and birthdate of children (please indicate which one has Rett Syndrome)

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Are you a parent or family member of a child/person with RS? _____

- Has genetic testing confirmed the diagnosis? Yes / No

Mutation# _____

If not, what is your involvement with RS? _____

Please mail your completed form to:

Rett Syndrome Society of Alberta, Box 3165, Sherwood Park, AB, T8H 2T2

OR

Email: inquiry@rettsyndromealberta.org

Permissions: (Please initial)

____ I/We am/are interested in being a part of any research initiatives for individuals or families with Rett Syndrome

____ I/We would like to be a part of a contact list distributed to families

____ I/We agree to allow pictures of myself or my family in RSSA newsletters, etc.