**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

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| --- | --- | --- | --- |
| Title: | First Name: | Last Name: | Occupation: |
|  |  |  |  |

|  |  |
| --- | --- |
| Home Address: |  |
|  |
|  | Zip/Postcode: |  |
| Main Telephone: |  | Other Telephone: |  |
| Email: |  |

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| --- |
| What is your interest in Rett Syndrome? (parent, carer, sibling, professional etc.)  |
|  |

Is there a Rett Syndrome organisation (Association or Foundation) in your country?

[ ]  Yes

[ ]  No

As part of your membership, we are planning to have a quarterly E-magazine – please tick this box if you wish to receive it [ ]

*Please also refer to our privacy policy for further information which is available upon request and is available on our website* [*https://www.rettsyndrome.eu/association-rse/gdpr/*](https://www.rettsyndrome.eu/association-rse/gdpr/)

RSE membership fee for the smallest organizations is 50€. As an individual member you may wish to make a voluntary membership donation in lieu of an organisation fee if the exchange and bank transfer fees make it cost effective to do so. Rett Syndrome Europe is reliant of voluntary donations to carry out its work and your support is very much appreciated.

[ ]  Yes, I want to make a voluntary membership donation (RSE will contact you for the bank transfer details).

[ ]  No, voluntary membership donation is not cost effective for my country, I want it to be waived.

***Please return your completed form to:*** [info@rettsyndrome.eu](https://retteurope.sharepoint.com/sites/RettSyndromeEurope/Freigegebene%20Dokumente/Communication/info%40rettsyndrome.eu)