



# 澳洲弱能兒童協康會

Chinese Parents Association-Children With Disabilities Inc.

ABN 63 938 108 704 DGR# 900 487 253  
A REGISTERED NDIS PROVIDER

PO Box 345, Campsie NSW 2194, Rm G01/46 Edward St Summer Hill, NSW 2130  
Tel: +61 406 233 222 | Email: [admin@chineseparents.org.au](mailto:admin@chineseparents.org.au) | Website: [www.chineseparents.org.au](http://www.chineseparents.org.au)

## MEMBERSHIP FORM 會員申請表

## MEMBERSHIP RENEWAL 會員續期表

Please send this completed form with \$10 cheque to

請將表格填妥連\$10 支票寄到:

**Chinese Parents Association – Children with Disabilities Inc.**  
**PO Box 345 CAMPSIE NSW 2194**

or email the completed form to: [admin@chineseparents.org.au](mailto:admin@chineseparents.org.au) and pay the membership fee \$10 via Electronic Fund Transfer, please contact staff for bank account details. 或請通過電郵將填妥的表格發送至: [admin@chineseparents.org.au](mailto:admin@chineseparents.org.au) 並使用電子轉帳支付\$10 會員費，有關銀行帳號資料請與工作人員聯絡

- Ordinary member 普通會員
- Affiliated member 附屬會員

**Annual membership fee 會員年費**  
**\$10 (GST incl.) 01/07 – 30/06**

I would like to enrol as a member of the Chinese Parents Association – Children With Disabilities Inc.

我申請成為澳洲弱能兒童協康會會員

**Name (Parent/Guardian) 家長姓名 (English 英文)** \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_

Date of Birth 出生日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex 性別 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Contact no.: Tel 電話 \_\_\_\_\_ Mobile 手機 \_\_\_\_\_

Email Address 郵址: \_\_\_\_\_

**Name of child with disability 子女姓名(English 英文)** \_\_\_\_\_ (Chinese) 中文 \_\_\_\_\_

Date of Birth 出生日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age 年齡 \_\_\_\_\_ Gender 性別 \_\_\_\_\_

My child's special need 子女之特別需要: \_\_\_\_\_

Disability 殘疾: \_\_\_\_\_

Food Allergy 食物敏感: \_\_\_\_\_ Other 其他 \_\_\_\_\_

My child likes to do 子女的興趣喜好: \_\_\_\_\_

My child is skilful at 子女的專長或特別技能: \_\_\_\_\_

### Consent to publish

By signing this form, I consent to publish the photographs of myself and my child in media release and CPA publications. 本人答允澳洲弱能兒童協康會刊登本人及我的子女之照片登載於報章和該會編印的刊物上。

Signature 簽名: \_\_\_\_\_ Date 日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Office use only:  
Membership no.: \_\_\_\_\_ Approved by: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Date received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Received by: \_\_\_\_\_