



澳洲弱能兒童協康會

CHINESE PARENTS ASSOCIATION-CHILDREN WITH DISABILITIES INC.

辦事處 CPA Office: Shop 11, 20-22 Anglo Road, Campsie, 2194

郵箱 PO Box 345 Campsie NSW 2194, 電話 Tel: 02-97891315

網址 Website: www.chineseparents.org.au 電郵地址 admin@chineseparents.org.au

Registered NDIS Provider

MEMBERSHIP FORM 會員申請表

MEMBERSHIP RENEWAL 會員續期表

Please send this completed form with your cheque/money order to 請將表格填妥連支票寄到:

Chinese Parents Association – Children with Disabilities Inc.

PO Box 345 CAMPSIE NSW 2194

Annual membership fee 會費 - \$10.00 (GST incl.)

Ordinary member 普通會員

Affiliated member 附屬會員

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 son/ daughter (English) 子女姓名 _____ (Chinese) 中文 _____

Date of Birth 出生日期 _____ Age 年齡 _____ Gender 性別 _____

My child's special need 兒童之特別需要類別:

1. 沒有特別需要 2. 智障 3. 行動遲緩/活躍多動 4. 發展遲緩
5. 自閉症 6. 語言障礙 7. 情緒/暴躁行為
8. 食物敏感 _____ 9. 其他 _____

My child likes to do 子女的興趣喜好: _____

My child is skilful at 專長或特別技能: _____

Consent to publish

I consent to publish the photos 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 _____ Membership No _____

(If for membership renewal)

Office Use Only:

Approved: _____ Not Approved: _____

Receipt No: _____ Date received: _____ Received By: _____