



# 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

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## 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 of son/ daughter (English) 子女姓名 \_\_\_\_\_ (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: \_\_\_\_\_

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: \_\_\_\_\_

Disabilities 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 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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