



Kalparrin

Supporting families of children with special needs.

MEMBERSHIP APPLICATION / DONATION FORM

First name: _____ Surname: _____

Street Address: _____

Suburb: _____ Postcode: _____

Email: _____

Telephone: _____ Mobile: _____

“Kalparrin Cares” Newsletter and E-News subscription

Please consider our costs and the environment and select an e-copy if possible.

“Kalparrin Cares” (3-4 times per year) e-copy or hard copy

Regular E-News (3-5 times per month) e-copy

Details of child(ren) with special needs

Child 1 Name: _____ DOB: _____ Gender: _____

Primary diagnosis / condition: _____

Date of diagnosis: _____

Child 2 Name: _____ DOB: _____ Gender: _____

Primary diagnosis / condition: _____

Date of diagnosis: _____

Child 3 Name: _____ DOB: _____ Gender: _____

Primary diagnosis / condition: _____

Date of diagnosis: _____

Siblings of child(ren) with special needs

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Parent Link

Kalparrin tries to meet parent requests to be put in touch with other families whose child has a similar condition to that of their child. This is often requested in the cases of rarer conditions. Prior to giving your name to another parent, the Family Support Officer will contact you to discuss the request. Are you happy to be contacted with a view to being linked with another parent in a similar situation to yourself?

Yes No

I have read and agree to abide by the Kalparrin Membership Charter

Membership is free but your donations are gratefully accepted.

Donations of \$2 or more are tax deductible.

I wish to donate: \$10.00 \$20.00 \$50.00 Other Amount - \$__

Name: _____ Address: _____

Postcode: _____

Cheque/Money Order Visa or MasterCard

Please make cheques payable to Parents of Children with Special Needs

Card #: ____/____/____/____ Exp: __/__ CVV / CVC: ____

Name on card: _____ Signature: _____

Parents of Children with Special Needs Inc.

Patron: Hon. Barbara Scott

ABN 20 440 047 551 Level 4, Hay Street Building, Princess Margaret Hospital, Subiaco WA 6008 GPO Box D184, Perth WA 6840

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