

# Membership Form



## Parent to Parent Association Qld Inc

STATE CENTRE P O Box 434 YANDINA QLD 4561 parent@parent2parentqld.org.au	Phone 1800 777 723 (07) 54 72 7072 Fax (07) 54 72 7073 www.parent2parentqld.org.au
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Name	Title Dr/Mr/Mrs/Ms/Miss	
Address		
Telephone (H)	(W)	Mobile
Fax	Email	

Are you from a:	(This field is optional.)
Culturally and linguistically diverse background?	Y/N
If "yes", what cultural background?	
Do you use a language other than English in your home?	Y/N
Are you of Aboriginal or Torres Strait Islander descent?	Y/N

What is your relationship to the person with a disability? Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other <input type="checkbox"/>		
Child's Name	Disability	Date of Birth
Is the person with a disability in your life? Female <input type="checkbox"/> Male <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/>		
Does the person have a Disability <input type="checkbox"/> Health Impairment <input type="checkbox"/> Both <input type="checkbox"/>		

Would you like to receive the Parent to Parent Newsletter by: <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail	
Do you give permission for your name and details to be passed on to the Coordinator or the group closest to your geographic location? Y/N	
Signature	Date:
Proposer	

<b>Office use only:</b>		Group:	
Approved	Date	Entered in Database	Date
Thank you Letter Sent	Date	Referred to Group	Date

THERE IS NO MEMBERSHIP FEE. DONATIONS OF \$2 AND OVER ARE TAX DEDUCTABLE