



MEMBERSHIP APPLICATION / MEMBERSHIP RENEWAL FORM

Please select one of the following:

- New membership application Membership renewal

Type of Membership

Please select one of the following:

- Family– family of a child with special needs - \$16.50 (Incl. GST) per annum
- Individual– person with disability or an interest in Kalparrin - \$16.50 (Incl. GST) per annum
- Professional– health professional or other service provider - \$38.50 (Incl. GST) per annum
- Organisational - \$38.50 (Incl. GST) per annum

Name and Contact Details

Name of contact person:

Name of organisation (if organisational membership):

Address:

Suburb: Postcode:

Postal address (if different to above):.....

Suburb: Postcode:

Telephone: Mobile:.....

Email:

Details of child(ren) with special needs (Family memberships ONLY)

Child 1

Name: DOB: Gender:

Primary diagnosis/condition/special need:

Child 2

Name: DOB: Gender:

Primary diagnosis/condition/special need:

Child 3

Name: DOB: Gender:

Primary diagnosis/condition/special need:

Kalparrin Membership Charter

I have read and agree to abide by the Kalparrin Membership Charter. *See last page.*

Kalparrin Privacy Statement

Kalparrin respects the privacy of its members. Please read our on-line Privacy Statement.

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

Not Applicable

Membership Charter

As Kalparrin members, carers and families have the right to:

- information, resources and referral to services;
- access respite events;
- receive quarterly newsletters;
- use the Kalparrin drop-in centre and Parent lounge;
- access the Kalparrin website and interactive forums;
- be treated with respect and dignity;
- privacy, dignity and confidentiality; and
- an effective, efficient, prompt and courteous service from Kalparrin employees.

As Kalparrin members, carers and families have a responsibility to:

- be courteous to and respect the roles of the Kalparrin employees;
- tell Kalparrin employees about any concerns they have;
- respect the privacy, dignity and confidentiality of other Kalparrin members;
- avoid speaking on behalf of Kalparrin members without prior authorisation;
- protect and promote the good reputation of the Kalparrin members; and
- behave ethically and with integrity as a member of Kalparrin.

Kalparrin Cares Newsletter

Please select one

- I would like to receive a hard copy of *Kalparrin Cares*
- I would like to receive an e-copy of *Kalparrin Cares*

Email news bulletins

- Please add my email address to the e-news subscription list

Payment

Please select your preferred payment option:

Please find my cheque/money order (made payable to Parents of Children with Disabilities Inc.)

- Cheque/Money Order

or

Please find my credit card details below: Visa Card Master Card

Card number: ____ / ____ / ____ Expiry date: ____ / ____

CVV: ____ (Your Customer Verification Value (CVV) is a 3-digit security code on the back of your credit card. It appears on the signature panel after and to the right of your card number.)

Name on card: Signature:

Please note that if membership fees impose financial hardship, contact the Family Support Officer at Kalparrin on (08) 9340 8094.

Postal Address: GPO Box D184, Perth WA 6840

or Fax: (08) 9380 6114