

INVITATION

to join CleftPALS NSW

We wish to apply for our membership to CleftPALS NSW.

CONTACT INFORMATION				
	Title	First Name	Surname	
Parent / Carer 1				
Parent / Carer 2				
Child's Name			Sex	Date of Birth / /
Email	Care for the environment and receive your newsletter via email.			
Postal Address				
State		Post Code	Home Phone Number	
Mobile Number	Parent / Carer 1		Parent / Carer 2	
Nationality / Language Spoken (optional)				

CLEFT TYPE (tick type)		Lip	Gum	Hard Palate	Soft Palate
Unilateral	Complete				
	Incomplete				
Bilateral	Complete				
	Incomplete				
Other (e.g. Syndromes – Pierre Robin Sequence)					

HOSPITAL INFORMATION / TREATMENT (optional)	
Which hospital was your baby born at?	
How was your baby fed in hospital?	
Which hospital was surgery performed?	
Who was the surgeon?	
Approximate dates of surgery?	

PAYMENT DETAILS (tick preferred option)				
Membership Type	<input type="checkbox"/> \$30 for 1 Year	<input type="checkbox"/> \$80 for 3 Year	<input type="checkbox"/> \$125 for 5 Year	<input type="checkbox"/> \$20 Pensioner Concession
Payment Type	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash	<input type="checkbox"/> Electronic Transfer
Membership Bank Account Details	Bank Details: Westpac BSB: 032 349 Account Number: 231 107 Reference: Enter Your Surname			
Payment Date	/ /			

Donation Amount	\$	Bank Details:	Westpac
Donation Bank Account Details			BSB: 032 570 Account Number: 334 527 Reference: Enter Your Surname

Would you like to help volunteer for CleftPALS NSW?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Additional Notes	
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Office Use Only	Processed By		Date	/ /
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CLEFT PALATE & LIP SOCIETY NSW INC. A.B.N. 24 130 036 620