



Parent Council for
Deaf Education

PO Box 4748
NORTH ROCKS NSW 2151

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E pcde@bigpond.com

MEMBERSHIP FORM

Type of Membership

- | | |
|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Individual/Family \$33 | <input type="checkbox"/> Small organisation \$66 <input type="checkbox"/> Large organisation \$500 |

Personal Details

Name:

Organisation:

Position:

Address:

City:

State:

Postcode:

Phone:

TTY:

FAX:

Mobile:

Email:

Preferred method of contact: Email Mobile Phone TTY

I am deaf/hearing impaired

I have a family member who is deaf/hearing impaired

I am a health/education professional

Other (please specify)

Referral

- | | |
|--|--|
| <input type="checkbox"/> Royal Institute for Deaf and Blind Children (RIDBC) | <input type="checkbox"/> POD Macarthur |
| <input type="checkbox"/> The Shepherd Centre | <input type="checkbox"/> Canberra Deaf Children Australia |
| <input type="checkbox"/> Deaf Society of NSW | <input type="checkbox"/> School/Teacher |
| <input type="checkbox"/> SWISH (area) | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Deaf Children Australia | <input type="checkbox"/> North Shore Deaf Children's Association |
| <input type="checkbox"/> POD Lismore | <input type="checkbox"/> Other (specify) |

Information of Child/Children

Name of child/ren with hearing loss:

Number of siblings in family:

Age of child/ren with hearing impairment:

Degree of hearing loss: mild moderate severe profound unilateral

Method of communication: oral sign

Assistive Technology: hearing aid cochlear implant other (specify)

School:

Type of support: specialised school itinerant support hearing support unit

mainstream/integrated other (please specify)

Method of payment

Cheque (payable to Parent Council for Deaf Education)

Cash

Direct bank payment

Account name: Parent Council for Deaf Education Inc.

Bank: St George **BSB:** 112 879 **Account number:** 0570 90385

Credit card

Please debit my: VISA MASTERCARD BANKCARD

Name on card:

Card number:

Expiry:

Signature:

Signature of applicant:

Date:

Office use only

Entered into database

Payment lodged

Receipt number: _____

Information issued