



A0052790T

APPLICATION FOR MEMBERSHIP

I, _____
(name and occupation)

desire to become a member of **CHIP FAMILY SUPPORT GROUP GEELONG INC.** In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

_____/_____/_____
Signature of Applicant Date

**A one-off joining fee of \$20 per family applies
(a membership renewal is required each year by 30 June)**

Mother's name:	Mobile		
Father's name:	Mobile		
Address:			
Suburb:	Postcode:		
Email:			
Child's name	Date of Birth	Interests	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Information about the screening or IQ assessments that at least one of the children has undertaken.			
Child	Test Type	Test Date	Assessor's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
What skill, talent or interesting workplace would like to share with the group?			

This information will only be used for the purpose for which you have provided it, in accordance with the *Privacy and Data Protection Act 2014 (Vic)*

- My membership details (parent names, child name & age, suburb/town, phone & email) can be added to the Friendship List which is available to other members.
- I am willing to help at some CHIP Family Support Group Geelong Events.

Payment details will be provided upon return of completed application form to: sandra@chipcentregeelong.com.au.