



HeartKids Victoria/Tasmania Membership Application

Date of Membership: _____

Are you joining HeartKids as:

- Heartkids & Family (Parent/Guardian, Adult with CHD)
 Associate (Relative or Interested Person)
 Affiliated (Organisation)
 Business

Title Mr Mrs Dr Ms Miss Other _____

Surname: _____ Given Name: _____

Relationship to heart child: _____

Company Name: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

Title Mr Mrs Dr Ms Miss Other _____

Surname: _____ Given Name: _____

Relationship to heart child: _____

Company Name: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

Children:

Surname	Given Name	Date of birth	Sex	heart child
_____	_____	_____	M / F	Yes / No
_____	_____	_____	M / F	Yes / No
_____	_____	_____	M / F	Yes / No
_____	_____	_____	M / F	Yes / No
_____	_____	_____	M / F	Yes / No
_____	_____	_____	M / F	Yes / No

I am pregnant and my baby has been diagnosed with a heart condition. Due date: _____ / _____ / _____

The anniversary date of my Heart Angel _____ / _____ / _____

What Heart Condition does your child/children have and what surgery/procedures have they had?

Have you received an Information Pack? Yes No

Would you like to receive the quarterly magazine via Post Email

Sometimes we receive free tickets to events at short-notice. Please list your family's special interests.



Many people would like to talk with a family who has been through a similar experience. Would you like to be contacted by or referred to other HeartKids members? You will be contacted by a coordinator prior to any calls made.

Yes No Not Sure

Comments : _____

Do you agree to your contact details being passed on to your local coordinator so they can let you know about activities in your area?

Yes No Preferred method of communication: Phone Email

I give consent for photos taken of my family at HeartKids events to be displayed in the Magazine and Website

What would you and your family like from your association with HeartKids?

Please do not feel you have to be involved in any of the following, or you may change your mind later which is fine.

Talk to other families and share experiences Information evenings /Guest speakers Receive hospital visits

Just to know there is support available should the need arise Be involved in fundraising activities

Attend social functions such as family days, trivia nights, coffee mornings, Christmas party, camps, etc.

Other: _____

HeartKids offers many opportunities for families to be involved in the running of HeartKids' activities.

This includes: committee positions, talking with other families, fundraising, or just spreading the word about HeartKids. You may not have considered any involvement like this or it may not be the right time for you, this is just a guide.

Would you be interested in becoming actively involved in HeartKids' activities as a volunteer? Yes No

If so, please outline your skills and main area/s of interest:

I agree to abide by the members terms and conditions as stated on our website:

Signed: _____ Date: _____

All information is treated with complete confidentiality and care.

Thank you for taking the time to complete this form.

Your membership is greatly appreciated.

Please forward membership applications to:

HeartKids Victoria,
Reply Paid 803,
Parkville VIC 3052

