



Champion of Families  
with Deaf or Hearing  
Impaired Children

## **MEMBERSHIP APPLICATION**

Please fill in this application form. Send a scanned email copy to [apodc@orcon.net.nz](mailto:apodc@orcon.net.nz) OR fill in and post to: APODC, PO Box 202001 Southgate, Takanini, AUCKLAND 2246

Parent(s)/Caregiver(s) Names:	
Name of deaf/hearing impaired child:	<b>Age:</b>
Name(s) of sibling(s) to deaf/hearing impaired child:	<b>Age(s):</b>
Residential Address:	
Phone number home:	
Cellphone number:	
Email address:	
How did you find out about APODC?	

**I agree to abide by the rules of the Society.**

cont'd...

**My child is currently registered/ not registered with the New Zealand Federation for Deaf Children (NZFDC) – circle one.**

- Please give my contact details to the NZFDC to register my child.**
  
  - I give permission for photographs of my child/children or those in my care to be used by Auckland Parents of Deaf Children for promotional material.**
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**Membership for APODC is per calendar year. There are no part payment options available.**

Payment for membership of \$20.00 may be made:

- 1) By cheque: Made for \$20.00 to **Auckland Parents of Deaf Children Inc.** Post to: APODC Inc., P.O. Box 202001, Southgate, Takanini, Auckland 2246.
  
- 2) By online banking: Deposit \$20.00 into our ASB account: Auckland Parents of Deaf Children Inc. 12-3011-0757651-00 Use your initial and surname as a reference and email proof of deposit to [apodc@orcon.net.nz](mailto:apodc@orcon.net.nz)
  
- 3) By cash: Deposit \$20 at the closest ASB branch into our account: Auckland Parents of Deaf Children Inc. 12-3011-0757651-00 Use your initial and surname as a reference. Contact us by email [apodc@orcon.net.nz](mailto:apodc@orcon.net.nz) or phone/text **022 084 2244** to inform of payment.

- I enclose a cheque for \$20.00**
  - I enclose proof of bank deposit of \$20.00**
  
  - Please send me a receipt.**
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