

MEMBERSHIP APPLICATION

Auckland Parents of Deaf Children Inc.



Please fill in this form and send a copy to coordinator@apodc.org.nz

OR post to: APODC, PO Box 202001 Southgate, Takinini, Auckland

NOTES: Siblings, and Associate children are included in your APODC membership.
We use the information you provide to plan events, book interpreters, and apply for funds.

Names of parent(s)/caregiver(s), and Deaf youth 18 -25yrs old, and Associate applicants:

Name of deaf child/ren:

Date/s of Birth

Name(s) of deaf child or youth's sibling(s), and children of Associate adults:

Date(s) of birth

Do you, or your children use New Zealand Sign Language to communicate?

Please let us know if your child has additional needs eg disabilities, medical needs, or allergies?:

Ethnicity

Home address:

Mobile, and Home telephone numbers:

Email address:

How did you find out about APODC?

DECLARATION (please tick as applicable):

I agree to support, and not hinder, the mission and values of APODC (as below):

Mission: The society promotes and facilitates informed, supportive and cohesive relationships between families and whanau with a deaf child, living in Auckland. We respect the individual choices which families and whanau make on behalf of their children, and seek not to impose any particular perspective.

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.

Signature:

Date:

APODC Membership is \$20.00 per family/whanau, per calendar year.

Payment can be made by:

- 1) Online banking: into account 12-3011-0757651-00. Please give your full name as the reference, & email proof of payment to coordinator@apodc.org.nz
- 2) Cheque: made payable to **Auckland Parents of Deaf Children Inc.** Post to: APODC Inc., P.O. Box 202001, Southgate, Takanini, Auckland 2246.
- 3) Cash: Deposit at any ASB branch into account: 12-3011-0757651-00. Please use your full name as the reference, and obtain a receipt.

I would like to make an additional donation to APODC (optional)

Please send me a receipt

For a FREE Family Information Kit, access to funding and other information, please register with national advocate, Deaf Children New Zealand online:

<http://www.deafchildren.org.nz/about-us/form-2/>

THANK YOU, NGA MIHI, and WELCOME!