



Supporting children and parents of children with hearing loss  
anywhere on the spectrum mild to profound.

## Application for Membership

Parent/Caregivers Names:

\_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Would you like to receive our regular Newsletter via email? Y / N

Name of Hearing impaired Child(ren)

\_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

Other Children:

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Signed:

\_\_\_\_\_

Date: \_\_\_\_\_

Information collected by Otago Association for Deaf Children will remain confidential to OADC and New Zealand Federation for Deaf Children Inc.

Please email the completed application form to [secretary@deafkidsotago.org.nz](mailto:secretary@deafkidsotago.org.nz). Fees payment can be made either by internet banking – Westpac 03-0903-0380737-00 or by cheque posted to OADC, 20 Argyle St, Mornington, DUNEDIN 9011

Membership runs from March 1<sup>st</sup> until Feb 28<sup>th</sup> the following year. Full year fees are \$15 per family. Applications received after September 1<sup>st</sup> are \$10 per family.