



**Membership is Free**

**HeartKids Qld Inc  
Membership Application**

**Date of Membership:** .....

**Are you joining HeartKids as a:**  **New**  **Existing**

Family of a HeartKid/s (Includes parents, grandparents etc)  HeartKid (Adult)  Friend of HeartKids (Business or affiliates)  Medical Professional

**Title:**  Mr  Mrs  Dr  Ms  Miss  Other: .....

**Surname:** ..... **Given Names:** .....

**Relationship to Child:** ..... **Date of Birth:** .....

**Address:** .....

**Home Phone:** ..... **Mobile:** ..... **Email:** .....

**Occupation:** ..... **Company (optional):** .....

**Title:**  Mr  Mrs  Dr  Ms  Miss  Other: .....

**Surname:** ..... **Given Names:** .....

**Relationship to Child:** ..... **Date of Birth:** .....

**Address:** .....

**Home Phone:** ..... **Mobile:** ..... **Email:** .....

**Occupation:** ..... **Company (optional):** .....

**Children:**

Surname	Given Name	Birthday	Sex	Heart Child	School/Daycare
.....	.....	.....	M / F	Yes / No	.....
.....	.....	.....	M / F	Yes / No	.....
.....	.....	.....	M / F	Yes / No	.....
.....	.....	.....	M / F	Yes / No	.....
.....	.....	.....	M / F	Yes / No	.....
.....	.....	.....	M / F	Yes / No	.....

Please describe your child/children's Heart Condition: .....

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 HeartKid families:

Yes  No

Do you consent to HeartKids Qld placing your details on a National HeartKids Database:  Yes  No

**All information given is treated with complete confidentiality and care.**

**How did you hear about HeartKids Qld Inc.**

Hospital  Friends/Acquaintances  HeartKids Family  Family Support Coordinator  
 Media  Early Childhood Clinic  Doctor  Other: ..... Please see over page >



HeartKids offers many opportunities for families to be involved in the running of HeartKids. This includes; board positions, talking with other families, fundraising, attending events or just spreading the word about HeartKids. Many families appreciate the services provided by HeartKids Qld and see participation, however big or small, is a way of giving back to the organisation.

Are you interested in becoming involved with the running of HeartKids?

Yes  No

Do you work in an area, or have hobbies/skills that you that may be able to assist HeartKids Qld?

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**Optional Information!**

Cardiologist: ..... Surgeon: .....

Hospital: .....

Procedures performed: .....

.....

Hospital visits due: .....

.....

Child's status now: .....

Your comments: .....

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**Thank you for taking the time to complete this form. Please remember to update your details when moving or changing phone numbers & email addresses.**

**Welcome to HeartKids Qld.**

**DONATION** (if you would like to help HeartKids Qld provide programs; please consider making a donation)

**Cheque / Money order** (Please make payable to HeartKids Qld Inc)

**VISA**  **MasterCard**

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ CVC No: \_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

**Please return to:**  
**HeartKids Qld Inc**  
**PO Box 118**  
**UNDERWOOD QLD 4119** or fax to (07) 3341 5460

**Donations of \$2.00 and over are tax deductible.**