



# HeartKids of SA Inc.

## FREE Membership Application Form

All information given is treated with complete confidentiality and care

By becoming a member you will receive our quarterly newsletters and invitations to our support and fundraising events.

Are you joining HeartKids as a:

- General Member**  **Junior HeartKid**  **Organisational Member**  **Other Member**  
(Includes parents, grandparents, adult Heart Kids, siblings etc) (Heart Kid < 18, sibling < 18) (Friend of HeartKids, etc)

**Organisation Name (if applicable):** .....

**Applicant #1 Information**

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

Surname: ..... Given Name: .....

Relationship to Heart Kid: .....

Address: .....

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

\*Applicant #1 Signature: ..... Date: .....

**Applicant #2 Information**

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

Surname: ..... Given Name: .....

Relationship to Heart Kid: .....

Address: .....

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

\*Applicant #2 Signature (or Agent): ..... Date: .....

\*By signing this form you agree to become a member of Heart Kids of SA Inc and agree to accept the objects of the Association. Membership is FREE.

**Applicant's Children:**

Surname	Given Name	Date of Birth	Gender	HeartKid
.....	.....	..... / ..... / .....	M / F	Yes / No
.....	.....	..... / ..... / .....	M / F	Yes / No
.....	.....	..... / ..... / .....	M / F	Yes / No
.....	.....	..... / ..... / .....	M / F	Yes / No
.....	.....	..... / ..... / .....	M / F	Yes / No

Please indicate if your child is a Heart Angel, and their anniversary date ..... / ..... / .....

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

.....

.....

.....

Is there any other information about your child / children, or family in general you would like to add?

.....

.....



HeartKids SA offers many opportunities for families to be involved in the running of HeartKids. 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 really O.K. Contact the HeartKids SA office on (08) 8332 2901 for further information.

The following questions are just to gain a better understanding of your needs from HeartKids:

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 prior to any calls being made.

- Yes       No

**How did you hear about HeartKids?**

- |   |  |                                |
|---|--|--------------------------------|
| <input type="radio"/> Friends / Acquaintances | <input type="radio"/> Media            | <input type="radio"/> Doctor   |
| <input type="radio"/> WCH Cardiology Dept     | <input type="radio"/> Brochure         | <input type="radio"/> Internet |
| <input type="radio"/> RCH 7 West              | <input type="radio"/> HeartKids Family | <input type="radio"/> Other    |

**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.

- |   |   |
|---|---|
| <input type="radio"/> Talk to other families and share experiences  | <input type="radio"/> Information evenings /Guests speakers |
| <input type="radio"/> Receive hospital visits   | <input type="radio"/> Be involved in fundraising activities |
| <input type="radio"/> Just to know there is support available should the need arise   |   |
| <input type="radio"/> Attend social functions such as family days, trivia nights, coffee mornings, Christmas party, camps, etc. |   |
| <input type="radio"/> Other: .....  |   |

A HeartKids SA Family Support Coordinator may give you a welcome call.

**Optional Information**

The following information is optional; you do not need to fill this information out if you do not wish to.

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

Hospital: .....

Procedures done: .....

Child's status now: .....

Your comments: .....

.....

.....

Thank you for taking the time to fill out this form.  
Your membership is greatly appreciated.  
Please forward your membership application to:  
HeartKids of SA Inc PO Box 364 North Adelaide SA 5006