

**VIETNAMESE FAMILIES WITH SPECIAL NEEDS INC.**

Registered Incorporation No. A0045767J

ANB 94 107 747 656



**ANNUAL FEE \$20 PAYMENT: PAYPAL ACCOUNT OR CASH.**

**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:		
Date of birth:	Home:	Mobile:
Current address:		
Suburb:	State:	Post Code:
Email:		
Able to speak English	Yes	No

**EMERGENCY CONTACT**

Name:		
Address:		Phone:
Suburb:	State:	Post Code:
Relationship:		

**CHILDREN**

Surname	Given name	D.O. B	Disability

**SIGNATURES**

Signature of applicant:	Date:
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