CEREBRAL PALSY SUPPORT NETWORK
strength through connection

MEMBERSHIP FORM

IMPORTANT INFORMATION

- If you have cerebral palsy, membership is free.
- We keep your information private and do not share it with anyone.

DETAILS

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

LANGUAGE I SPEAK AT HOME: _____

I AM A: Man ☐ or Woman ☐

DATE OF BIRTH: _____/_____/_____

I wish to apply for membership with the Cerebral Palsy Support Network (CPSN).

SIGN: _____

☐ I am happy for the Cerebral Palsy Support Network (CPSN) to take photos of me and use them to promote their services.

Please return this form to: 525 High St, Preston VIC 3072

Cerebral Palsy Support Network
525 High St, Preston VIC 3072

Phone: 1300 277 600
Email: cpsn@cpsn.org.au

ABN: 26 044 741 609 Incorporated No: A0035517V DGR No: 453432