



# MEMBERSHIP APPLICATION FORM

## Membership category

- Associate Member** (Heart Kids over 18 years of age, family members or carers of Heart Kids, and family members or carers of Heart Angels)
- Affiliate Member** (supporters, donors and non-HeartKids volunteers, over the age of 18)

### Adult 1

First Name:  Surname:

Salutation:  Mrs  Miss  Ms  Mr  Dr  Other Date of Birth:

Occupation:

Address:

Postal Address (if different from above):

Phone:  Mobile:

Email:

I would like to receive regular updates regarding HeartKids  (HeartKids will generally correspond via your email address)

I would be willing to be a contact for other families with similar congenital heart disease experiences

I am of Aboriginal or Torres Strait Islander descent

Do you speak a language other than English Yes/No  Language

### Adult 1 Nominee connection to HeartKids

<input type="checkbox"/> Heart Kid	<input type="checkbox"/> Heart Kid Sibling	<input type="checkbox"/> Heart Angel Parent/Carer	<input type="checkbox"/> Friend
<input type="checkbox"/> Heart Kid Parent	<input type="checkbox"/> Heart Kid Grandparent	<input type="checkbox"/> Heart Angel Sibling	<input type="checkbox"/> School Teacher / Colleague
<input type="checkbox"/> Heart Kid Guardian/Carer	<input type="checkbox"/> Heart Kid Extended Family	<input type="checkbox"/> Heart Angel Extended Family	<input type="checkbox"/> Professional

### Adult 2

First Name:  Surname:

Salutation:  Mrs  Miss  Ms  Mr  Dr  Other Date of Birth:

Occupation:

Address:

Postal Address (if different from above):

Phone:  Mobile:

Email:

I would like to receive regular updates regarding HeartKids  (HeartKids will generally correspond via your email address)

I would be willing to be a contact for other families with similar congenital heart disease experiences

I am of Aboriginal or Torres Strait Islander descent

Do you speak a language other than English Yes/No  Language

### Adult 2 Nominee connection to HeartKids

<input type="checkbox"/> Heart Kid	<input type="checkbox"/> Heart Kid Sibling	<input type="checkbox"/> Heart Angel Parent/Carer	<input type="checkbox"/> Friend
<input type="checkbox"/> Heart Kid Parent	<input type="checkbox"/> Heart Kid Grandparent	<input type="checkbox"/> Heart Angel Sibling	<input type="checkbox"/> School Teacher / Colleague
<input type="checkbox"/> Heart Kid Guardian/Carer	<input type="checkbox"/> Heart Kid Extended Family	<input type="checkbox"/> Heart Angel Extended Family	<input type="checkbox"/> Professional



## MEMBERSHIP APPLICATION FORM continued

### Heart Kid (HK1) or Heart Angel details a Heart Angel is a child who is deceased

First Name:  Surname:   
 Male  Female  Date of Birth:  Heart Angel Anniversary Date:

### Heart Kid (HK2) or Heart Angel details a Heart Angel is a child who is deceased

First Name:  Surname:   
 Male  Female  Date of Birth:  Heart Angel Anniversary Date:

### Heart Condition (Please pick the most appropriate - OPTIONAL)

	HK1	HK2		HK1	HK2		HK1	HK2
Absent Pulmonary Valve	<input type="checkbox"/>	<input type="checkbox"/>	Eisenmenger Complex	<input type="checkbox"/>	<input type="checkbox"/>	Patent Ductus Arteriosus	<input type="checkbox"/>	<input type="checkbox"/>
Anomalous Left Coronary Artery	<input type="checkbox"/>	<input type="checkbox"/>	Electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	Patent Foramen Ovale	<input type="checkbox"/>	<input type="checkbox"/>
Aortic Stenosis	<input type="checkbox"/>	<input type="checkbox"/>	Heart Transplant	<input type="checkbox"/>	<input type="checkbox"/>	Pericarditis	<input type="checkbox"/>	<input type="checkbox"/>
Aortopulmonary Window	<input type="checkbox"/>	<input type="checkbox"/>	Hypoplastic Left Heart Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary Atresia	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	Hypoplastic Right Heart Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary Stenosis	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Septal Defect	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Atrioventricula Septal Defect	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension Systemic	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Heart Disease – Acute	<input type="checkbox"/>	<input type="checkbox"/>
Bicuspid Aortic Valve	<input type="checkbox"/>	<input type="checkbox"/>	Interrupted Aortic Arch	<input type="checkbox"/>	<input type="checkbox"/>	Shone's Complex	<input type="checkbox"/>	<input type="checkbox"/>
Cardiomyopathy - Hypertrophic	<input type="checkbox"/>	<input type="checkbox"/>	Infective Endocarditis	<input type="checkbox"/>	<input type="checkbox"/>	Supraventricular Tachycardia	<input type="checkbox"/>	<input type="checkbox"/>
Cardiomyopathy - Dilated	<input type="checkbox"/>	<input type="checkbox"/>	Kawasaki Disease	<input type="checkbox"/>	<input type="checkbox"/>	Syncope	<input type="checkbox"/>	<input type="checkbox"/>
Coarctation of the Aorta	<input type="checkbox"/>	<input type="checkbox"/>	Marfan's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Tetralogy of Fallot	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Fistula	<input type="checkbox"/>	<input type="checkbox"/>	Mitral Stenosis	<input type="checkbox"/>	<input type="checkbox"/>	Transposition of the Great Arteries	<input type="checkbox"/>	<input type="checkbox"/>
Di George Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Mitral Valve Prolapse	<input type="checkbox"/>	<input type="checkbox"/>	Tricuspid Atresia	<input type="checkbox"/>	<input type="checkbox"/>
Double Aortic Arch	<input type="checkbox"/>	<input type="checkbox"/>	Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>	Truncus Arteriosus	<input type="checkbox"/>	<input type="checkbox"/>
Double Inlet Left Ventricle	<input type="checkbox"/>	<input type="checkbox"/>	Partial Anomalous Pulmonary Venous Return	<input type="checkbox"/>	<input type="checkbox"/>	Vascular Ring	<input type="checkbox"/>	<input type="checkbox"/>
Double Outlet Right Ventricle	<input type="checkbox"/>	<input type="checkbox"/>	Total Anomalous Pulmonary Venous Return	<input type="checkbox"/>	<input type="checkbox"/>	Ventricular Septal Defect	<input type="checkbox"/>	<input type="checkbox"/>
Ebstein's Anomaly	<input type="checkbox"/>	<input type="checkbox"/>	Other (please state): <input type="text"/>					

### Heart Kid's Siblings

Name:  Male  Female  Date of Birth:

Name:  Male  Female  Date of Birth:

Name:  Male  Female  Date of Birth:

Name:  Male  Female  Date of Birth:

Name:  Male  Female  Date of Birth:



## MEMBERSHIP APPLICATION FORM continued

### How did you hear about HeartKids?

- Friend/Acquaintances     Heart Kid Family     Media     Doctor/Clinician  
 Hospital     Family Support Coordinator     Early Childhood Clinic     HeartKids Website

Other:

### What would you and your family like from your association with HeartKids?

- Talk to families and share experiences     Attend social functions     Share our story to help raise awareness  
 Be involved in fundraising activities     Receive newsletters and updates on research

HeartKids Limited is committed to providing families with the highest level of customer service. To do this we collect information on our families through channels such as, but not limited to, Members of HeartKids Ltd application forms, conversations and notes. Personal information collected by HeartKids Ltd. is treated as confidential and is protected by the Privacy Act 1998.

### Membership and the services HeartKids provides are free, and rely heavily on the generosity from the general public.

If you would like to send a gift, you can do so by calling (02) 9460 7450 or complete the form below and send to: HeartKids Limited, PO BOX 149 CROWS NEST 1585 - office@heartkids.org.au

### DONATIONS (Optional):

- I would like to give a regular monthly donation to HeartKids.  
 I would like to make a one off donation to HeartKids.  
 \$25     \$50     \$75     Other: \$

### METHOD OF PAYMENT:

- Cheque (made payable to HeartKids Limited and sent to PO Box 149 CROWS NEST NSW 1585)
- Credit Card

Name on Card:

Card Number:                      Expiry:  /

Card Type:  VISA     MASTERCARD

Signature:

### DECLARATION:

I declare that all the information given on this form is true and correct and that I have the authority to complete this form (on behalf of my child).

"I, \_\_\_\_\_ consent to being a member of HeartKids Limited and agree to pay the guarantee (\$10) in accordance with the HeartKids Limited constitution in the event of the company of being wound up.

Name (Primary Person):

Signature:  Date:

### Please return completed form via post or email to:

HeartKids Limited, PO Box 149 CROWS NEST NSW 1585 office@heartkids.org.au or 1800 432 785