



**CDH Australia**

## Application for Membership

CDH Australia (formerly CHERUBS Australia) provides support and assistance to families affected by Congenital Diaphragmatic Hernia (CDH) as well as supporting and conducting research into CDH.

Please complete both sides of this membership form and return it with your membership fee to:

**CDH Australia**  
**PO Box 375 Morwell VIC 3840**

CDH Australia  
PO Box 375 Morwell VIC 3840  
Telephone: 03 5135699  
Email: membership@cdh.org.au  
Website: www.cdh.org.au  
ABN: 60 131 315 145

Name: *Dr/Mr/Mrs/Ms/Miss* \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mailing Address (if different to above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I declare that by signing this application I agree to pay the Members Guarantee amount of \$10.00 should this company wind up during this year with insufficient assets to cover the cost of winding up.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Membership Type

(NOTE: An application fee is paid when you join and membership fees are due 1<sup>st</sup> July annually. If you join from March onwards your 1<sup>st</sup> annual membership fee will be waived. Application fees and annual membership fees total the same amount.)

\$20 Ordinary Member (you have or have had a child with CDH, are expecting a child with CDH or you were born with CDH)

\$10 Concession: Concession Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

\$20 Extended Family/Friends (you are an extended family member or friend of a person born with CDH)

\$10 Concession: Concession Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

\$20 Healthcare Professional (you work with or provide medical or other support services to people affected by CDH)

\$20 Newsletter Subscription (3 editions of our newsletter for one year mailed to you. Note: Our newsletter is published on our website and can be downloaded, printed and viewed for free)

I would like to make a donation to CDH Australia (donations of over \$2 are tax deductible)

Amount: \$ \_\_\_\_\_ In honour of (insert child's name) \_\_\_\_\_

### Payment Details

I wish to pay by:  Online Direct Deposit \*  Cheque (made payable to CDH Australia)  
 Money Order  Cash

Total amount included: \$ \_\_\_\_\_

\* Membership will be processed when your direct deposit has been received in our bank account. Ensure you include your name in the narration field (eg. M Smith) and send us an email advising that you have deposited your membership fees.

Bank Details: Westpac Banking Corporation

Account Name: CDH Australia BBS Number: 033 072 Account Number: 295961

*Please complete overleaf*

Please complete applicable details below.

### Personal Details

Child's name: \_\_\_\_\_

Child's gender: Male / Female

Relationship to child: \_\_\_\_\_

Child's Due Date: \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Is your child a twin or multiple: \_\_\_\_\_

Is there a family history of CDH: Yes / No If yes, who: \_\_\_\_\_

### Medical Details

Diagnosis of CDH: Prenatal: How many weeks pregnant \_\_\_\_\_ **OR** After birth: Age when diagnosed \_\_\_\_\_

Hospital treated in: \_\_\_\_\_

Born in \_\_\_\_\_

Transferred to \_\_\_\_\_

Number of days in hospital: Initial stay \_\_\_\_\_ Subsequent stays \_\_\_\_\_

Type of repair used: \_\_\_\_\_ Number of repairs: \_\_\_\_\_

Side of CDH: \_\_\_\_\_ Type of CDH (if known): \_\_\_\_\_

Details of other birth defects present: \_\_\_\_\_

Detail complications (e.g. feeding issues, scoliosis, reflux, asthma etc.): \_\_\_\_\_

### Additional Information

Do you grant CDH Australia permission for the following:

Contact Listing (to include your details on a listing available to other members in order to provide/gain support): Yes / No

State Contact Release (to release your details to your relevant State Contact): Yes / No

Newsletter Notification (email notification when newsletters have been published to the website): Yes / No

Publishing Permission (to allow your child's photo and/or story to appear in our newsletter and on our website): Yes / No

How did you find out about CDH Australia? \_\_\_\_\_

### Healthcare Professional Membership

Job Title: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Address of Organisation: \_\_\_\_\_

Details of CDH research you conduct or participate in: \_\_\_\_\_

Would you like copies of CDH Australia literature to provide to CDH families? Yes / No

Would you be interested in writing an article for one of future newsletters? Yes / No

Would you be interested in speaking at one of our annual member forums? Yes / No

CDH Australia looks forward to welcoming you as a member