

Challenge Membership



Challenge
supporting kids with cancer

First Name: _____ Surname: _____ Age: _____

Date of Birth: / / Sex: M / F Nickname: _____ T-shirt Size: _____

Mailing Address: _____ Suburb: _____

State: _____ Post Code: _____ Home Phone: _____

Mother's Full Name: _____ Father's Full Name: _____

Mother's Mobile No: _____ Father's Mobile No: _____

Mother's Work No: _____ Father's Work No: _____

Mother's E-mail: _____ Father's E-mail: _____

Brothers/Sisters (Name & Date of Birth (D.O.B)):

1. _____ D.O.B _____ 2. _____ D.O.B _____

3. _____ D.O.B _____ 4. _____ D.O.B _____

5. _____ D.O.B _____ 6. _____ D.O.B _____

Original Diagnosis: _____

Diagnosis Date: _____ Hospital: _____

Oncologist's Name: _____ Social Worker's Name: _____

Likes (e.g. cars, ballet, concerts, art, etc): _____

Dislikes: _____ Favourite AFL Club: _____

Favourite Celebrities: _____

Favourite Singers/Bands: _____

Favourite Movie/s / TV Show/s: _____

Favourite Sport/s: _____

Favourite Sport Star/s: _____

Please Turn Over Page

How did you hear about Challenge? (Please circle)

Challenge Staff; Social Worker; Another Challenge Member; OTHER _____

Is there anything else you would like to add? _____

The information provided in this Membership Form and all subsequent Brother / Sister Membership Forms will be stored on a database that resides at the Challenge office. This information remains highly confidential at all times, is viewed ONLY by Challenge Staff, and will not at any stage be provided to a third party.

The information provided in this Membership Form and all subsequent Brother / Sister Membership Forms will only be used to invite the applicant and their family to attend Challenge activities and events. As a Challenge Member, you will receive copies of our magazine "Inside Challenge", as well as various flyers throughout the year informing you of upcoming events.

Signing this Membership Form grants permission for photographs taken by Challenge at camps, activity days and in hospital, to possibly appear in Challenge newsletters, website, magazine or events, in print, on tape or on film.

Please note that all Challenge activities and camps are provided FREE of charge, and there are no obligations or commitments associated with becoming a member of Challenge. If at any time, you wish to have your details updated or removed, please phone the Challenge office on (03) 9329 8474.

I, _____ the legal guardian of _____,
(Parent / Guardian Name) (Patient Name)

have read and understood how the information provided in this document is stored and used, and furthermore believe the information provided to be true and accurate at the time of signing.

Please Sign & Date:

_____/_____/_____
(Parent / Guardian Signature) (Date)

Return to: Challenge House: 529-535 King Street, West Melbourne, VIC 3003

Ph: (03) 9329 8474

Fax: (03) 9329 8427

Web: www.Challenge.org.au

E-mail: mail@Challenge.org.au