



The Cleft Palate and Lip Society

**Western Australian ONLY Membership
Application/Renewal Form**

Send to: Refer to address listed in the "Business and Government" White Pages under "Cleft Lip & Palate Society of Western Australia"; Perth Edition

Renewals and New Members please fill out:

First Name Surname

Child's Name: _____

Mother's Name: _____

Father's Name: _____

Mailing Address: _____

Preferred Mailing Name: _____ (optional)

Home Phone: _____ Alternate/Mobile: _____

EMAIL: _____ (please print clearly!!!)

New Members ONLY:

Child's Date of Birth: _____ Gender: M F

Cleft Type	Lip	Hard Palate	Soft Palate
Unilateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilateral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Syndromes: e.g. Pierre Robin Sequence			

Hospital Born at: _____

Hospital for Surgery: _____

Surgeon: _____ Date: _____

CleftPALS Volunteer: _____
(ie Who from CleftPALS first visited you in hospital or contacted you?)

We enclose:	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Cash
Being For:	<input type="checkbox"/>	\$30.00 Standard Membership				
	<input type="checkbox"/>	\$120.00 Standard Membership for five (5) years				
	<input type="checkbox"/>	\$20.00 Pensioner (ie Healthcare cards/Student/Special)				
	<input type="checkbox"/>	(Sorry, no five year discount available)				
	<input type="checkbox"/>	\$ _____ Donation. Do you require a receipt? YES / NO				