



We welcome membership to families and professionals who have an interest in Imperforate Anus or Hirschsprung's Disease.

Name.....

Spouse/Partners Name.....

Address:

Suburb:

Town/City: State:Postcode:

Phone:

E-mail:

Child's Name:D.O.B.

Main Diagnosis:

Additional Diagnosis:

Signature:

Date:

How did you hear about us?

Permission to have your name and preferred contact details given to other families:

YES.....NO..... *If yes please tick preferred contact* phone.....email.....

NB: No details will be released unless you have indicated your permission and be assured the BGK will not share trade or give away any information to third parties that it collects or receives regarding its members.

Would you like your child's birthday published in the newsletter Segments YES.....NO.....

Payment for membership (*within Australia \$25.00; Overseas \$30.00*) \$ _____

Donation, (*Donations are gratefully accepted, we thank you for your support.*) \$ _____

Total Payment \$ _____

Payable to: Bowel Group for Kids

Mail to: Sue Blackall, Membership secretary,
PO Box 529, Torrensville SA 5031

| Office Use only | | | |
|-----------------|----------------|--------------|----------------|
| Date Banked | Receipt Number | Package Sent | Database Entry |
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