



PO Box 2084
Cairns QLD 4870
Phone: 0419 324 984
Email: info@fnqcpsupportgroup.com
ABN: 84 851 821 426

WHO ARE WE?

FNQ Cerebral Palsy Support Group Inc. is a charitable organization working to support the capabilities of those with cerebral palsy.

The group was started by a small group of passionate parents of children with cerebral palsy in hopes of improving the services and opportunities available to families affected by cerebral palsy and living in Far North Queensland. Our group has been quickly joined by relatives, friends and health workers determined to see us succeed in supporting these capable kids. We hope you will join us too.

OUR SHORT TERM GOALS

In the short term we are focussed on 3 key areas where we believe there to be the most immediate need:

- 1. BUILDING CAPABILITY THROUGH THERAPY:**
By providing school-aged children with specialised therapy options such as physiotherapy, hydrotherapy, and horse riding. Government subsidised therapies for this age group is minimal.
- 2. BUILDING CAPABLE FAMILIES:**
By creating a family-friendly, safe and understanding environment to share experiences and learn from those who have travelled the road ahead. Capable families make capable kids.
- 3. BUILDING CAPABILITY THROUGH ACCESS:**
By providing financial assistance to families struggling with the large payment gaps on equipment required by kids with cerebral palsy. Sometimes the right equipment can make a world of difference and make a child a capable kid.



SUPPORT CAPABILITY JOIN US!

Members of the FNQ Cerebral Palsy Support Group Inc. are offered opportunities to participate in the Group and its activities. Members may:

- Contribute to building community awareness
- Receive invitations to events
- Receive regular newsletters
- Receive discounts on certain events
- Assist in developing new types of service delivery in FNQ
- Attend and vote at General Meetings
- Vote on important issues
- Influence funding initiatives

CONTACT US!

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Application for Membership to FNQ Cerebral Palsy Support Group Inc.

Title:	Last Name:	
First Name:		Date of Birth:
Address:		
Suburb/Town:		Post Code:
Telephone (AH):	Mobile:	
Telephone (BH):	Fax:	
E-mail:		

Association with the Group

I am interested in FNQ Cerebral Palsy Support Group Inc. because I am a:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Client |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Community Service Worker |
| <input type="checkbox"/> Other _____ | |

Declaration and Proposal Details

I am applying to become an ordinary member of FNQ Cerebral Palsy Support Group Inc ("the Group"). I undertake to be bound by the provisions of the Rules of the Group. I understand that the management committee, through this application form, has advised me that the Group holds public liability insurance in the amount of \$20 million.

Applicant's Name

Applicant's Signature:

Date:

Proposer's Name (1)

Proposer's Signature:

Date:

(1) The proposer must be a current member of the Group. In most cases a member of the existing management committee will be willing to act as the proposer if you do not have an existing contact with the Group.

The applicant will be advised of the success of the application in writing by the Secretary.

Payment Details

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Enclosed is a cheque for \$10 payable to "FNQ Cerebral Palsy Support Group Inc." |
| <input type="checkbox"/> | I have direct deposited \$10 to the account of FNQ Cerebral Palsy Support Group Inc. BSB 704 966 Account: 100010985. I have used my surname as a reference. |

Please return form to:

The Secretary, PO Box 2084, Cairns QLD 4870. For assistance, please call 0419 324 984.

Office Use Only

Notice of acceptance sent:

Subscription received for financial year:

Receipt number:

Added to register: