



Membership Form

WELCOME! To become a lifetime member of **Friends of Children with Special Needs** is simple, just enclose one-time membership fee of \$50 (payable to FCSN) with this form and mail to: **Administration/Acct: FCSN Center 2300 Peralta Blvd. Fremont, CA 94536.**

Date: _____ Referred by: _____ Check#: _____

A. General Information

Family Name: _____
 Address: _____
 Home Phone: _____ E-Mail: _____
 Father's Name: _____ Ethnicity: _____
 Phone:(work) _____ (Cell) _____
 E-Mail: _____
 Mother's Name: _____ Ethnicity: _____
 Phone:(work) _____ (Cell) _____
 E-Mail: _____
 Does your family need financial assistance? Yes ___ No ___

B. Children's Information

Name	Birthday (MM/DD/YY)	Special Needs & Diagnosis	Talent/ Merit & Special Diet

C. Signatures (If Applicable)

I give my permission to FCSN to film, photo or record my family and me for educational purposes.Yes ___ No ___

By registering as FCSN member, I hereby release Friends of Children with Special Needs (FCSN) from any liability to the participants in all FCSN activities.

Signature: _____ Date _____
 Signature of Parent/Guardian: _____ Date _____