Friends of Children with Special Needs

42080 Osgood Rd, Fremont, CA 94539 Phone: 510-739-6900 FAX: 510-739-6999
Website: www.FCSN1996.org

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 42080 Osgood Rd, Fremont CA 94539**

A. General Information

Family Name: _____
Address: _____
Home Phone: _____ Referred by: _____
Father's Name_____ Ethnicity: _____
Phone: (Cell)_____ (Work)_____
Email: _____
Mother's Name_____ Ethnicity: _____
Phone: (Cell)_____ (Work)_____
Email: _____
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. Terms & Conditions

- 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.
- FCSN reserves the right to refuse membership to any individual or entity, or to terminate the membership of any current member who engages in actions that violates the organization's code of conduct, bylaws, or ethical standards.

Signature: _____**Date:** _____

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

D. Accounting Use Only

Date Received _____Payment Method (Check #) _____ Amount_____