

609 25th Street East,
Saskatoon, SK S7K 0L7
Ph: (306) 665-7013 Fax: (306) 665-7011
Email: admin@autismservices.ca
Web: www.autismservices.ca



ANNUAL MEMBERSHIP FORM

Fee \$20.00 yearly

(Fee waived for new parent/caregiver members)

Name:

Male or Female

(please circle one)

Street Address:

Mailing Address

(If different from above):

Postal code:

Phone no#: (Indicate home, work, cell)

E-mail:

Please check ✓ the appropriate box:

Parent: Professional: Student: Agency: Other: _____

Please complete this section if you are a parent/caregiver member

Client/Child's Name Male or Female (please circle one)

Date of Birth:

Diagnosis:

Date of Diagnosis:

Diagnosing Physician/Professional:

Payment Details (for paid memberships only)

Cash: Cheque: Credit Card (Visa or MasterCard):

Name (on card): _____ Signature: _____

CC#: _____ Expiry Date: ____/____/____

One year: Two years: Or more, please specify: _____ years

I wish to support individuals with autism

If you would like to assist us in our efforts, please make contributions payable to **Autism Services**. Names of donors are published our quarterly newsletter unless notified otherwise. Please check ✓ the box if you wish to make your donation anonymous:

Amount of Gift: \$ 25 \$ 50 \$ 100 other \$ _____

I would like more information on how I can help

Charity Number 11914 1323 RR0001

FOR OFFICE USE ONLY

Membership: New Parent (1st yr complimentary) New Other Renewal

Receipt Issued: Member list updated:

Date Received _____



Autism Services is proud to be a United Way member agency.

Please note: Information may be shared with the Autism Intervention Program or other Autism Services staff members, but Autism Services will not share any information from this form outside of our agency without your permission.