MEMBERSHIP APPLICATION

Autism Services of Saskatoon

1. THANK YOU FOR YOUR AUTISM SERVICES MEMBERSHIP

Thank you for joining Autism Services. We require your permission to add you to our membership email list. Please indicate your preference: ☐ Yes, I would like to be added to Autism Services' membership email list so I can receive timely updates about services, programs and upcoming events. ☐ No, I do not want my email added to the membership email list.

SIGNATURE:_____ DATE:_____

2. NAME & CONTACT INFORMATION

Information gathered will not be sold, traded or used for any purposes not directly related to Autism Services.

Dr. / Mr. / Mrs. / Ms. (First)_____ (Last)_____

Dr. / Mr. / Mrs. / Ms. (First)_____ (Last)_____

Mailing Address: _____ City _____ PC_____

Telephone: (h)_____ (w)_____ (c)_____

Email: _____2nd/work email: _____

I am: ☐ an individual with autism ☐ a parent ☐ a relative: _____

☐ Please check here if you are willing to share your contact information with other parents of a child diagnosed with an Autism Spectrum Disorder

Clients Age: _____ Clients diagnosis: _____

PARENT SIGNATURE: _____ DATE: _____

3. ABOUT YOUR CHILDEN

Knowing the ages, situation and schools of your children helps us notify you about programs available for siblings.

1. ☐ M ☐ F Child's name_____ Diagnosis_____ DOB_____
2. ☐ M ☐ F Child's name_____ Diagnosis_____or N/A_ DOB_____
3. ☐ M ☐ F Child's name_____ Diagnosis_____or N/A_ DOB_____

School: 1._____ 2._____3._____

4. TYPE OF MEMBERSHIP

Autism Services has simplified its membership offerings for your convenience.

☐ $0 new family memberships

☐ $30 renewing family memberships

☐ $50 professional / agency membership

☐ $30 professional teacher or teacher's aide membership

*AS recognizes that some families are unable to afford annual fees. AS will consider requests for assisted family membership on a case by case basis. All inquiries will remain confidential.

5. PAYMENT

Memberships are renewed annually and will be processed automatically if credit card information is available. Donors and volunteers play a vital role in sustaining and creating new programs.

☐ VISA ☐ MasterCard ☐ Cheque

Card Number_____/_____/_____/_____ Expiry Date _____/_____

Signature_____

Yes! I'd also like to make a donation to Autism Services

☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ Other _____

☐ Yes! I'd like to volunteer for Autism Services-please contact me!

Please return your completed form and / or donation to:

Autism Services
209 Fairmont Drive, Saskatoon SK S7M 5B8
Email: admin@autismservices.ca
Phone: 306-665-7013 Fax: 306-665-7011

Please consider giving of your time or financial resources in addition to your membership.