



# Membership Application Form

Please fill in every part of this form, and return it to Philip Le Claire, the Executive Director at the address below. Please note that all of the information on this form will be kept as computer records and used for our purposes only. It will not be passed onto any third parties without your express permission. Autism Jersey is registered under the Data Protection (Jersey) Law, no. 16075 \* ;

**Surname** ..... **Forenames** .....

**Address:** .....

**Post Code** ..... **Telephone no:** ..... **Mobile Number:** .....

**Email Address:** ..... **Occupation:** .....

**Type of Membership:** **Professional** (working with Autism)  **Individual** (person with Autism)  **Corporate**

**Names of additional Family Members** .....

**I am happy for the information on this form to be shared with other agencies where appropriate \***

**Signed** ..... **Name in print** ..... **Date** .....

## I would be interested in the following:

- |                                          |                                                    |                                                 |                                      |
|------------------------------------------|----------------------------------------------------|-------------------------------------------------|--------------------------------------|
| Befriending <input type="checkbox"/>     | Volunteering <input type="checkbox"/>              | <b>help!</b> programme <input type="checkbox"/> | Training <input type="checkbox"/>    |
| Youth Work <input type="checkbox"/>      | Support into Work <input type="checkbox"/>         | Advocacy <input type="checkbox"/>               | Fundraising <input type="checkbox"/> |
| Coffee Mornings <input type="checkbox"/> | Newsletter * <sup>3</sup> <input type="checkbox"/> |                                                 |                                      |

\*<sup>3</sup> Please tick this box if you would like to receive a regular copy of our free newsletter

## **What is your link to Autism?.....** Which of the following best describes your situation;

- I am a person with Autism / Aspergers Syndrome or associated condition
- A member of my family has Autism / Aspergers Syndrome or associated condition
- I am a professional or volunteer working with someone with Autism / Aspergers Syndrome or associated condition in;  
Education  Social Work  Health  Employment  Other

**If other, please state what** .....

## **What are the advantages of membership?.....**

As a member you will receive reduced rates for our seminars, a regular newsletter sent direct to your email inbox or doormat, free access to our lending library, occasional special offers and free entry to our regular Aquasplash Swim nights. **In future, access to the swim nights will be free for members and will cost £3.50 for non members.**

You will also be kept up to date with all of the latest developments and you won't miss out on any news or views...

## **What will it cost me to be a member?.....**

**Until at least December 2007, there will be NO cost for being a member of Autism Jersey! There may be a small charge in the future, but this will be a small charge to cover administration costs only.**

## **Would you like to support the work of Autism Jersey?.....**

If you are interested in making a donation to help to support the work that we do, please contact Philip on any of the numbers given below. We'd be delighted to hear from you!



### **Autism Jersey**

**Executive Director: Philip J. A. Le Claire** AJ's, 4 Edward Place, The Parade, St Helier, JE2 3QP

**Freephone:** 0800 735 1070 **Tel** 01534 871888 **Fax** 01534 871788

email [p.leclair@autismjersey.org](mailto:p.leclair@autismjersey.org)