



# Provincial Autism Centre Membership Form 2010

- Paid Cash
- Cheque/Visa
- Entered in RE
- Entered in Outlook

Receipt Number \_\_\_\_\_

**Please Check All Categories that Apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Person with ASD          | <input type="checkbox"/> Family Member of Person with ASD |
| <input type="checkbox"/> Support Worker           | <input type="checkbox"/> Health Care Professional         |
| <input type="checkbox"/> Educational Professional | <input type="checkbox"/> Student                          |
| <input type="checkbox"/> Other _____              | <b>Organization:</b> _____                                |

**Last Name:** \_\_\_\_\_

**First Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Payment Information:**

- Cheque enclosed in the amount of \$10.00 payable to the Provincial Autism Centre
- Visa Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_
- Name of Cardholder \_\_\_\_\_ In the amount of \$10.00
- I would like to make a donation to the Centre In the amount of \$\_\_\_\_\_

**Please read before signing: By signing this document I agree to abide by the policies and rules of the Provincial Autism Centre and to be responsible for all finds and fees incurred for overdue, lost and/ or damaged items. I agree to keep my address and phone number current with the Provincial Autism Centre.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Privacy Statement:** It is the policy of the Provincial Autism Centre to keep all information about clients private. All information supplied to the Provincial Autism Centre will be kept in confidence for the purposes of membership and PAC advancement, and not shared by third or outside parties for any reason.