

*(Right Click to Print this Form)*

YEARLY MEMBERSHIP FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

Name of family member with Autism \_\_\_\_\_ Age \_\_\_\_\_

Please complete and print this form and send it with 12 - \$10 postdated cheques to:

***Lindsey Villages***

33 Church Street N

Ajax, on L1T 2W4 or

We will contact you after the transaction has been completed.