

*(Right Click to Print this Form)*

MEMBERSHIP FORM

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

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

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

PREAUTHORIZED MONTHLY MEMBERSHIP PAYMENT

I (we) have authorized Lindsey Villages to process a debit, in paper, electronic or by other form in the amount of; \$10 (CDN) on my (our) account on the \_\_\_\_\_ day of each month beginning in \_\_\_\_\_ 20\_\_\_\_\_  
month year

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print and enclose completed form  
Include a "VOID" cheque and send to the following address:

***Lindsey Villages***

33 Church Street N

Ajax, on L1T 2W4 or

We will contact you after the transaction has been completed.