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# Autism Society of PEI

## Family Membership Form 2019-2020 (Dates April 1<sup>st</sup>, 2019 March 31<sup>st</sup>, 2020)

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Date: \_\_\_\_\_

Family Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Yearly membership fee is \$30.00 per family. A family membership for the Autism Society of PEI will provide:

- Assurance that your voice will be heard on Autism issues in this province
- Notice of meetings of the Autism Society
- Discounted registration fees for Autism Society training workshops and events
- Access to Resource Library/Access to Family Subsidy & Travel subsidy funding
- Free monthly swims and recreational events (movies, fun days, etc.)
- Access to Autism Society resources such as Computers for Communities and Ticket & event giveaways when applicable.
- One vote at the Annual General Meeting
- Access to Autism Society Email Newsletters

Membership fee paid by

\_\_\_\_\_ Cheque payable to "Autism Society of PEI"

\_\_\_\_\_ Cash

\_\_\_\_\_ E-Transfer- Transfers sent to [Nathalie@autismsociety.pe.ca](mailto:Nathalie@autismsociety.pe.ca) with 2<sup>nd</sup> email with password

\_\_\_\_\_ Interac (We accept only debit tap at the Autism Society office for membership payments)

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Additional Notes: Is there anything else the Autism Society can do to help you and your family?

# **Autism Society of PEI Photo Consent Form**

Throughout the year, the Autism Society of PEI hosts many family events, fundraisers, volunteer activities, programs and supports.

Occasionally at these events, we will have photographers taking event photos. By signing below you are consenting to allow you and your family to be photographed at any Autism Society events throughout the 2019-2020 year.

I give my consent for my family to be photographed at Autism Society events and for these photo's to be used as promotional material through Autism Society promotional outlets.

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**Name(Signing on behalf of above family)**

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**Date**