



## Membership Form 2008

Name			
Email		(Newsletters will be emailed to this address.)	
Address			
Post code			
Tel		Mobile	
Please give details of child/ren with an autistic spectrum disorder			Please give details of other children including siblings
	CHILD 1	CHILD 2	
Name			Sib 1.
Date of birth			D.O.B.
School/nursery			Sib 2.
Has your child been formally diagnosed as Autistic or having Asperger's Syndrome?			D.O.B.
	YES/NO*	YES/NO*	
If YES, please state the name of the doctor who made the diagnosis, where it was made and when.			Sib 3.
Who			D.O.B.
Where			Sib 4.
When			D.O.B.
Does the child have any medical conditions?			
	YES/NO*	YES/NO*	YES/NO*
Give details			
Any other relevant information			

Do you need information on any of the following?

Money and benefits

Diagnosis and Therapy

Childcare, Respite and Help at Home

Sport, Leisure and Friendship

Education

Filling in forms

Other (please provide details)



CAN YOU HELP LAS WITH ANY OF THE FOLLOWING?

Fundraising

Join the committee

Volunteering

Do you have a skill/profession/trade that you would be willing use to help LAS

YES/NO\*

If Yes, please give details

The current membership fee is £20.

\* If you are receiving Income Support please provide written proof and you will be entitled to a reduced membership fee of £10.

I include membership fee

£20.00

I am currently in receipt of Income Support and wish to pay the reduced annual membership fee.

£10.00\*

I include a donation (Insert amount )

Total value of cheque enclosed  
(please make cheque payable to 'Lothian Autistic Society')

### Gift Aid

Your tick can help raise even more money. If your membership is from taxed income please place a tick in the box and we will be able to reclaim tax on your membership from inland revenue at no cost or inconvenience to you.

### Data Protection Act

The details you supply will be stored on computer. Your details will not be used or disclosed for any purpose other than official society business. Information will be held until such time as you leave the society, which can be done by informing LAS in writing.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed form to:

Lothian Autistic Society, 66a Newhaven Road, Edinburgh EH6 5QB