

Signed (lead person/tax payer):

Membership No:

For office use only:

Date received:

NORTH STAFFS ASPERGER/AUTISM ASSOCIATION

Registered Charity Number: 1109817

NEW / RENEWAL MEMBERSHIP FORM

Thank you for wishing to support the work of the NSAAA. Members receive weekly updates, **VIA EMAIL**, detailing news,

events and trips. We provide information, advice and support to those with Autistic Spectrum Condition (ASC) and their carers.

For further information please contact us on: **(01782) 627002** (also our Helpline number) by email: info@nsaaa.co.uk or visit our web site: www.nsaaa.org or https://www.facebook.com/North-Staffordshire-AspergerAutism-Association-553589564791293/

Membership Fee: £10.00 per person, per year (children under 18yrs require an adult to join with them) **Family Membership: £35.00** per year (maximum 6 family members)

Please make cheques payable to: NSAAA and post to: PO Box 3615, Stoke on Trent ST4 9LY

(enter lead perso		D.O.B	Age		ပ္ပ	SC	_	ω _	
	on/tax payer first)			Parent/Carer	Child with ASC	Adult with ASC	Brother/Sister	Other Relative (i.e Grandparent)	Professional
				Pa Ch	ر ک	Ad	Bre	G. e.	Pro
1									
2									
3						-			
Address:									
Telephone Num	ber:								
Email Address:									
giftaid it	Is the lead person by telling HM Reve you anything more,	nue and Custo	ms to add t	ax alr	eady pai	d to your	donatio	_	
I would l	ike to Gift Aid this	donation							
	ike to Gift Aid this o		s until furt	her no	tice				

Date:

Cheque/cash banked

Entered on database