



**Helping autistic children and their families**

**MEMBERSHIP FORM - 2009/2010**

Renewal ( )

New ( )

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

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Postal Code:</b>	
<b>Telephone: (h)</b>	<b>(w)</b>	<b>(cell)</b>
<b>Email:</b>		
<b>Can we email the newsletters and announcements to you? (Please circle) Yes No</b>		

**MEMBERSHIP FEE:**

- 1. Individual / Family\*      \$20.00 ( )      \* One vote per membership
- 2. Professional / Agency      \$40.00 ( )

**DONATION:** I would like to make a donation of:

\$1,000 ( )    \$500 ( )    \$200 ( )    \$100 ( )    \$50 ( )    \$30 ( )    Other \$ \_\_\_\_\_

**PAYMENT:** Total payable (membership and donation): \$ \_\_\_\_\_

**MODE OF PAYMENT:**

- 1. Cheque ( ) Please make cheque payable to "Children at Risk"
- 2. Credit card (please indicate): VISA \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_

**CREDIT CARD INFORMATION (IF NEEDED):**

Credit Card Number: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_

**Tax receipts issued for donations only.**