



AUTISM SOCIETY NWT

Membership Form

Name: _____

Type of Membership

New Renewal If renewal, is all information on file current? If yes, no need to complete anything further.

For Calendar year: _____

Organization (if applicable): _____

Address: _____

City: _____

Terr/Prov: _____

Postal Code: _____

Preferred Phone: _____

E-Mail: _____

I am applying as a:

- | | |
|---|--|
| <input type="checkbox"/> Parent, Guardian | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Supporter | <input type="checkbox"/> Person with ASD |
| <input type="checkbox"/> Professional, Researcher | <input type="checkbox"/> Group, Agency |

- Autism NWT membership fee is **\$1** for an Individual/Family/Organization

(Please send back the form ahead if you can't get in right away to pay. You can indicate when you are able to drop off payment, if you have any questions, please call me 867-446-0985) Membership cannot be processed until payment is made. This nominal fee is required yearly to adhere to Autism NWT Bylaws. These can be amended at a later date with special provision.

Please return this form to Denise McKee at,
Suite 116, 5102 50th Avenue or president@nwtautismsociety.org
Yellowknife, NT, X1A 3S8