



Autism Yukon

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MEMBERSHIP FORM

2 0 1 8

Your contact information will not be distributed or shared with any other organization. Please fill out the form and return it by email or by mail to the address provided below (or give directly to a board member or staff).

Name/Family/Organization: _____

Mailing Address: _____
Address, City Postal Code

Phone Number: _____

Fax Number: _____

Email address: _____

Type of Membership: Voting (\$10) Non-Voting (\$10)

- Please tell us if you are:
- A self-advocate (an individual with autism).
 - A family member or a caregiver of someone on the autism spectrum.
 - My career is related to autism in some way: _____
 - I'm a community member who cares about autism.

FOR OFFICE USE ONLY

Date received: _____ Amount received: _____ Authorized by : _____

VOTING MEMBERS ARE REQUIRED TO ATTEND THE AGM IN MAY