

Branch Membership form

Parents'/Carers' contact details:

Title (Mr/Mrs/Ms,etc): Title (Mr/Mrs/Ms,etc):
 First name(s): First name(s):
 Surname: Surname:
 Address:
 Post code:
 Phone (daytime): Phone (evening):
 Email address :.....

Please indicate how you would like us to send you updates and other information:

Preferred method of contact*: email post *please tick

Please note: Information is circulated by email as soon as it becomes available.
 Information is circulated by post as regularly as possible.

Your child(ren)s' details:
 Please state the (actual or suspected) ASD details/diagnosis of your child:

Your child(ren)s' name(s):

Child's name Date of birth
 Child's name Date of birth
 Child's name Date of birth

Are you currently a member of the National Autistic Society*? Yes No *please tick

What do you hope to get from this branch?

Declaration.....

(When completing this form online, please print it out and sign here before posting to the **Branch Officer, 59 Sutton Road, London, N10 1HH**)

Data protection

All personal information submitted on this form will be kept confidential, will not be made public nor given to outside individuals or groups. Contact details will only be used for the internal purposes of the National Autistic Society Barnet Branch for mailing of information.