



## Umbrella Membership Form

Name \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ eMail \_\_\_\_\_

### Umbrella Member benefits:

*Can attend Member's only autism-friendly parties; receive any special members-only eNews Flashes; eligible to join Committee and help with decision-making and influence local autism-friendly services and opportunities; can vote at AGM; receive Annual Report and most recent leaflets*

Tick the box (or boxes) that apply:

- a parent/carer/grandparent/friend/sibling of a child with an ASD (any Autistic Spectrum Disorder or Condition) or awaiting diagnosis?
- a parent/carer/grandparent/sibling/friend of an adult (or age 16 or over) with an ASD or awaiting diagnosis?
- a person with an ASD (diagnosed or not)?
- a person who works with adults/children/families affected by Autistic Conditions?
- New member? (Not joined before)       A previous member?

Please tick if might be interested in taking to someone about possibly

Volunteering to help Umbrella, occasionally or regularly

### Data protection:

I/we agree to allow Umbrella to hold these details on their database for purposes of communication between myself/ourselves and Umbrella. I understand that my/our personal details will never be passed to other organisations without my permission. However, general statistics about the Umbrella member population may be shared when this is appropriate and does not affect the member's right to privacy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Enclose £5.00 (£3 for concessions) per annum --- make cheques payable to:  
**Umbrella Autism**      Send to:  
Sharon Burrows, Umbrella, 32 St. Bartholomew's Court, Cambridge CB5 8HG.

*Thank you for joining us!*