



# DAAS Application for Membership

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## 1. ABOUT DAAS

We provide support and information for adults with Asperger's Syndrome and their carers, families, friends and supporters in the Dorset area. Our Aims and Objectives are to do this by

- a. Sharing the experience of living with Asperger's syndrome from all perspectives.
- b. Listening to, encouraging and supporting both people with Asperger's Syndrome and their carers, providing information, guidance and assistance through our meetings and on a personal basis.
- c. Raising awareness of the condition in the wider community, to promote better understanding and acceptance and to facilitate access to services, support and opportunities which will aid independent living.
- d. Taking part in the consultative process with public and statutory bodies, and as members of the pan Dorset ASC Partnership Board, co-operating with other agencies and providing a collective and representative voice to promote understanding, to highlight gaps in service provision and to influence positive change towards the achievement of fulfilling and rewarding lives.
- e. Raising funds to help to achieve these objectives and to support the efforts and activities of the volunteers in running the group and realising the aims.

## 2. I would like to apply to be a member of DAAS and accept the Conditions of Membership (see over)

**PLEASE USE BLOCK CAPITALS**

Surname ..... Forename(s) .....

Address .....

..... Post Code .....

Telephone ..... Mobile Telephone .....

E-mail .....

Single Membership (£5 pa)  Family Membership (£10 pa)  Donation £.....

Date of Birth ..... Male/Female.....

Signature ..... Date.....

*PTO*

### 3. BENEFITS of MEMBERSHIP

As a member of DAAS you will be helping to give us all a more powerful voice when pressing for change and improvements in the way services are provided for people with Asperger's and their carers. You will be helping to raise awareness of the condition, how it affects people's lives and how those with Asperger's want to be treated.

Membership brings with it the right to vote; to say who you want to represent you.

You will have the opportunity to shape the way DAAS is run and the direction in which it applies its limited resources.

We hope to provide a members only section of the website, giving you inside and up-to-date information.

On the social side we intend to hold seasonal members events, bringing together members from all parts of the County, to share, support and relax together.

### 4. CONDITIONS of MEMBERSHIP

The Membership Year runs from 1st April until 31<sup>st</sup> March.

Acceptance of an application for membership is at the discretion of the Voluntary Directors.

Membership may be terminated at any time by the Voluntary Directors if a member is considered to have brought DAAS into disrepute.

Only the Directors and any appointed officials may represent the views of DAAS in the media.

We encourage official communication by e-mail wherever possible to reduce our running costs.

DAAS Memorandum & Articles contain full details of the conditions and governance.

### 5. HOW DO YOU BEST DESCRIBE YOURSELF? Please circle the number.

1. I have been diagnosed with Asperger's Syndrome.
2. I have been diagnosed with High Functioning Autism/HFA.
3. I have not been formally diagnosed with Asperger's Syndrome or high functioning autism but I believe I have many of the characteristics of someone who has been diagnosed.
4. I am a carer for, family member or supporter of, someone described above.
5. None of the above. But I support the Aims & Objectives of DAAS

### 6. CAN YOU HELP in any of the following ways? Please tick the shape if you can support us.

- |                          |                                 |                          |                                       |
|--------------------------|---------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | By meeting & greeting           | <input type="checkbox"/> | By assisting the Treasurer            |
| <input type="checkbox"/> | By organising an event          | <input type="checkbox"/> | By attending external meetings        |
| <input type="checkbox"/> | By hosting an informal event    | <input type="checkbox"/> | By providing some storage space       |
| <input type="checkbox"/> | By doing some admin             | <input type="checkbox"/> | By joining a working group            |
| <input type="checkbox"/> | With marketing, PR or IT skills | <input type="checkbox"/> | In any other way. Please give details |

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Please return completed forms and a cheque for membership fee (payable to Dorset Adult Asperger's Support) to: DAAS Secretary c/o 13 Barn Road, Broadstone, Poole, Dorset BH18 8NH or hand in at any DAAS meeting.

For Family Membership please complete sections 2, 5 & 6 on a separate form for each family member

*For Official Use only:*

Membership No ..... Acceptance Date .....

Membership Type ..... Membership Fee Paid on .....by.....