



DAAS Membership Renewal

I would like to renew my membership of DAAS for the year 2017 - 2018 and I accept the Conditions of Membership set out on my original application.

PLEASE USE BLOCK CAPITALS

Surname Forename(s)

Address

..... Post Code

Telephone Mobile Telephone

E-mail Membership No

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

Signature Date.....

Please list *Family Members included and note the description number as shown below

Name:Description No.....DoB.....

Name:Description No.....DoB.....

Name:Description No.....DoB.....

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.
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, or supporter of, someone described above.
5. None of the above. But I support the Aims & Objectives of DAAS

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 BH18 8NH, or hand in at any DAAS meeting.

Your details will be held on computer and will be used only for the purposes of DAAS. They will not be disclosed to any other organisation. Mobile numbers may be used for occasional text reminders unless you request to opt out of this practice.

For Official Use only:

Membership No *Renewal Date*

Membership Type *Membership/Renewal Fee Paid By*