



MEMBERSHIP FORM 2020

Membership is open to children and adults, with or without a diagnosis of Asperger Syndrome or High Functioning Autism and their parents/carers registered on this form

Details of child/adult (Please use BLOCK CAPITALS throughout)

Name M / F DOB / /

Formal diagnosis?: Yes No Year What was the diagnosis?

Who provided the diagnosis?

Parent/Carer(s) information (if applicable)

Parent/Carer (1) Surname: Forename:

Parent/Carer (2) Surname: Forename:

Relationship to person with AS: Siblings?

Main contact (this may be your own name and address if you are an adult who no longer lives at home)

Name:

Address:

Postcode: District Council Area:

Email (Parents/Carers):

Email (Adult with Aspergers):

Telephone No: Mobile/Emergency Tel No:

Education (Tick as appropriate)

Current/Last School College University Other attended:

Disclosure Agreement:

SAFE takes your privacy very seriously. The information you provide will be held under the Data Protection Act 1998. SAFE would like to keep in touch about our activities. By ticking here you agree that we may hold your information for the purpose of SAFE administration and may contact you by post, telephone, email, text message and/or other electronic means.

How will we use the information about you? Process your memberships and any other services we offer to you (if you agree). SAFE may share your information with other members of the group (if you agree by ticking the box).

We will not share your details for marketing purposes outside of our group. Please read our Privacy Policy on SAFE's website for further information about how we use your data.

FAMILY MEMBERSHIP FEES: £20 per year (Jan-Dec); £10 (June-Dec). 50% reduction for those on benefits.

Signed: Date:

Amount Enclosed: £ (Cheques made payable to 'SAFE Essex')

Please return to: SAFE Membership Secretary, 22 Tusser Close, Rivenhall, Witham, Essex CM8 3PD
Membership queries: safe-essex-membership@outlook.com

How did you hear about SAFE?

Using Gift Aid means that for every pound you have given with your membership, we get an extra 25p from the Inland Revenue.

Help your donation go further – just tick the box and ensure the **tax payer** has signed the form above!

I am a UK tax payer and understand that if I pay less income and/or capital gains tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. Please notify SAFE if you wish to cancel this gift aid declaration.

I wish this and any future donations to be Gift Aid donations