

# ***Rugby Autism Network Charity Associate Membership Application.***

Date:



## ***Parent / main carer details.***

Name:

Name of spouse / partner, if applicable:

Phone number:

Email address:

Registered Charity Number: 1167710  
www.rugbyautismnetwork.co.uk  
Supporting parents and main carers of  
Autistic children and young adults.

## ***Details of children / young adults.***

*Up to and including 25 years old. Please include all children / young adults in your family.*

### **Child / young adult 1.**

First name:

Date of birth:

Age at time of application:

Does this person have a diagnosis of Autism? **Y / N**

If no, is this person awaiting an assessment for Autism? **Y / N**

If no, please give a description of their needs, below.

We may contact you for further information in order to process your application.

### **Child / young adult 2.**

First name:

Date of birth:

Age at time of application:

Does this person have a diagnosis of Autism? **Y / N**

If no, is this person awaiting an assessment for Autism? **Y / N**

If no, please give a description of their needs, below.

We may contact you for further information in order to process your application.

<b>Child / young adult 3.</b>	
First name:	
Date of birth:	Age at time of application:
Does this person have a diagnosis of Autism? <b>Y / N</b>	
If no, is this person awaiting an assessment for Autism? <b>Y / N</b>	
If no, please give a description of their needs, below. We may contact you for further information in order to process your application.	

If you have more than 3 children, please attach a second copy of this form with their details.

All memberships are subject to Trustees approval. A membership entitles those listed to apply to benefit from the Charity's events, projects and offers. Membership may be revoked at any time, if Trustees deem it necessary.

All information given is for the administration purposes of Rugby Autism Network. It will not be shared with any third parties, unless it is for the specific purposes of organising a project or event.

This form will be kept securely and destroyed if the membership lapses or ends. If at any time you wish to end your membership, please email The Secretary at: [secretary@rugbyautismnetwork.co.uk](mailto:secretary@rugbyautismnetwork.co.uk)

Most activities organised by Rugby Autism Network will take place in Rugby or nearby towns. The work of Rugby Autism Network Charity is intended to benefit families in and near Rugby.

To be eligible to join Rugby Autism Network Charity, please tick one of the following statements:

I live in or near Rugby

My family has a connection to Rugby  
eg; work/school/family member

Please also confirm the following:

I am happy to receive emails from Rugby Autism Network

I am happy to receive phonecalls from Rugby Autism Network

I am happy to receive text messages from Rugby Autism Network

Please return this form to:

The Trustees  
Rugby Autism Network  
128 Lawford Lane  
Bilton  
Rugby  
CV22 7JT

Please do not send this form electronically.  
Only paper copies of this form are accepted.

Please keep a photocopy or photograph of this form for your records.

Form revised: November 2018.