



NORSACA
quality of life for people with autism

A Company Limited by Guarantee, registered in England No. 2053860. Registered Charity No. 517954

MEMBERSHIP FORM 2010

Completed forms should be returned to:- Society Office, Park Hall Autism Resource Centre, Park Road, Bestwood Village Nottingham NG6 8TQ

Mr & Mrs/Mr/Mrs/ Ms/Miss (please circle applicable)	Other	First Name or Initials	Surname
Address			
Postcode:		Telephone no:	
Email address:			
Do you have access to the internet?		YES/NO	

ROLE:

Parent/Carer (please complete back of form)		Employee (please specify)	
Professional (please specify)		Other (please specify)	

TYPE OF MEMBERSHIP:

Individual		£8.00 per annum
Family		£15.00 per annum
Organisation		£30.00 per annum (two copies of newsletters)

If paying by cheque, please make your cheque payable to 'NORSACA'

Information on this form will be used for a Society Membership Database. The Society is registered under the Data Protection Act and personal information will not be divulged to third parties without your written consent. The membership database is updated annually, but to help us keep it accurate, please contact the Society Office if details change during the year.

PARENT/CARER – FURTHER INFORMATION

Please complete if you are the parent or carer for a person with autistic spectrum disorder. The information will help us to improve services to Society members. Each person with autism needs a separate entry.

Name of person with autistic spectrum disorder			
Date of birth		Gender (please tick)	Male
			Female
Do you have a formal diagnosis? (please tick)		Yes	
		No	
If yes, please give details (e.g. Autism/PDA/Asperger’s Syndrome)			
Current placement (e.g. Sutherland House/Whitegates/Home/Other - please specify)			
Name of person with autistic spectrum disorder			
Date of birth		Gender (please tick)	Male
			Female
Do you have a formal diagnosis? (please tick)		Yes	
		No	
If yes, please give details (e.g. Autism/PDA/Asperger’s Syndrome)			
Current Placement (e.g. Sutherland House/Whitegates/Home/Other - Please specify)			
Name of person with autistic spectrum disorder			
Date of birth		Gender (please tick)	Male
			Female
Do you have a formal diagnosis? (please tick)		Yes	
		No	
If yes, please give details (e.g. Autism/PDA/Asperger’s Syndrome)			
Current placement (e.g. Sutherland House/Whitegates/Home/Other - please specify)			

Occasionally we receive, at very short notice, offers of free tickets or tickets at a reduced rate for concerts, cinemas and theatres. Do you wish us to email you with details of these offers?

Please tick appropriate box Yes No

(If yes, please ensure you have completed the email address box on page 1)