

Dear parents, professionals and partners,

You have expressed interest in knowing more about us or becoming a member of Autisme Montréal. Here is some information that would be relevant to share with you. By becoming a member, your contribution will help us improve our existing services and develop new ones. Whether you have been a member for many years or have just become one, the services offered by Autisme Montréal are the same.

To facilitate your membership, please choose the method of payment that suits you best ...

- by check, to the name of Autisme Montréal;
- by credit card (Visa, Master Card and American Express);
- directly on our website;
- in cash by coming to our offices;

... and complete the form according to your status;

- **User member:** Anyone with autism spectrum disorder, any extended family member, and any student= 30\$;
- **Support member:** Any professional and any individual who wishes to support the actions of the corporation= 55\$;
- **Corporate member:** Any corporation, any association or other group that wishes to support the actions of the Corporation and demonstrates an interest in autism spectrum disorders= 125\$.

Please note that to have access to our services, you must be a member in good-standing.

BEING A MEMBER OF AUTISME MONTRÉAL MEANS:

- Adhering to our cause : advocating for the rights and interests of individuals with ASD and their families;
- Having a united voice supporting our advocacy initiatives;
- Participating in our gatherings, protests and advocacy events;
- Participating in our assemblies and becoming involved in our committees and board;
- Demonstrating the importance of accessing services that meet the needs of individuals with ASD and their families.

SERVICES AVAILABLE TO AUTISME MONTRÉAL'S MEMBERS:

- Electronic monthly newsletter, as well as access to the FQA's newsletter l'EXPRESS (located at our office);
- Documentation Centre;
- Conferences and information sessions;
- Listening and support service;
- Support group and activities for individuals with ASD, without intellectual delay;
- Support group for parents of individuals with ASD, without intellectual delay;
- Shadowing – babysitting service;
- Week-end respite service at «La Maissonette»;
- Residential camps during the Christmas period as well as day camp during spring break;
- Summer day camps (3 à 24 years old);
- Swimming classes.

IMPORTANT CHANGE

In an attempt to diminish the expenses related to our publications, our board has decided to significantly decrease the cost associated to mailing fees. This measure will permit us to prioritise existing funds towards the organization's services, and thus better respond to the needs of our members.

We must however request that you provide an email address while renewing your membership so that we can remain in contact with you.

Members that cannot provide an email address will receive pertinent information regarding our services, activities and registration dates by regular mail three times per year (January, March and September).

If you would like more information, you can visit us, between 9h00 to 12h00 and 13h00 to 16h30 at 4450 St-Hubert Street, room 320. Please call us at 514 524-6114, ext 0, to make an appointment so you can receive the best service possible.

Looking forward to meet you,
Chantal Pivin, administrative secretary

MEMBERSHIP

Last name :		First name :		Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	
Institution's name (caregivers, professionals and corporate members) :					
Address :			City :		
Postal Code :		YOUR EMAIL :			
Telephone :		Cellular :			
User member 30\$ <input type="checkbox"/> Person with autism spectrum disorder, extended family member and student.		Support member 55\$ <input type="checkbox"/> Caregiver professional, individual or other.		Corporate member 125\$ <input type="checkbox"/> Corporation, association or other group.	
Child's name :		Birthday : day		month year	
Payment method: Check <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Cash <input type="checkbox"/>					
Card #:			Expiration date: /		

OBLIGATORY: I consent to receive your correspondence by email. Yes No