



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:

- Listening and support service:
 - ⇒ Listening and support for parents who have just received a diagnosis for their child;
 - ⇒ Overview of public services and subsidies available to you;
 - ⇒ Assistance and advocacy following a problematic situation (school, family, etc.)
- Babysitting and shadowing service;
- Week-end respite service at “La Maisonette”;
- Residential camps during the Christmas period as well as day camp during spring break;
- Summer day camps, « Bergamote » (3-15 years old) , « Rock-Camp-Bol » (14-24 years old) and « Wasabi » (Severe behaviour problems/special needs);
- Swimming classes;
- Documentation Centre;
- Support group for ASD individuals without intellectual disability;
 - ⇒ Mutual support, outings, discussion group and activities
 - ⇒ Social skills development workshops
- 2 biannual newsletters, “L’Image” and “What’s New... TEDDI?”;
- Conferences, workshops and information sessions.

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 :					
Postal Code :		* Email :			
Telephone :		Fax :			
Families and Corporate members 120\$ <input type="checkbox"/>		Individuals with ASD 30\$ <input type="checkbox"/>		Students 30\$ <input type="checkbox"/>	
		Caregivers and Professionals 55\$ <input type="checkbox"/>		Individuals and Others 55\$ <input type="checkbox"/>	
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 : ____/____	

Please confirm: I consent to receive your correspondence by email. ☐ Yes ☐ No