



Membership Form

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

I am a: (please tick all appropriate boxes)

- person needing assistance with communication parent / carer
 other family member childcare worker
 support worker teacher
 other: _____

I would like support or information about:

- making visual supports (please circle possible need: schedule or routine / first-then / procedure e.g. washing hands / choice board / social procedure e.g. going on holiday / keyring visuals / other: _____)
 borrowing resources from the library (please circle: example visuals / books / electronic devices / other: _____)
 specific topics related to communication (please circle: positive behaviour support / toileting / eating / managing transitions / expressive communication / finishing tasks / going new places / social situations / using electronic devices / other: _____)
 other: _____

I am able to attend information sessions during the:

- morning afternoon evening

On:

- Monday Tuesday Wednesday Thursday Friday

Services currently used: _____

Office use only – Membership number: _____