



Membership Form – Organisations & Professionals (\$20.00 annual fee*)

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

I am a: (please tick appropriate box)

- an organisation: _____
- a health professional (please specify): _____
- 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

Office use only – Membership number: _____

Fee paid on: _____