

FASS MEMBERSHIP FORM AND ANNUAL MEMBERSHIP FEE

Annual membership renewal due April 1st each year.

We use this information for FASS monitoring and administration purposes and will not pass your personal information on to other organisations.

Please return this form electronically to fassadmin@googlemail.com or post with the fee to FASS, c/o Susie Maddy, 5 Park Approach, Knowle, Fareham, PO17 5LQ .

To send electronically download and save the form before completing.

Section 1 to be completed by ALL members

1. Name of lead adult:
2. Do you have a Hampshire County Council 'Gateway' card? Yes No
3. Payment of annual membership fees, I enclose/will post a cheque for £

Membership Fee Rates

Price includes all the siblings not just the child/children with additional needs.

Families with one child accessing FASS activities:£6-00

Families with two-four children accessing FASS activities:£12-00

Families with five or more children accessing FASS activities:£18-00

Families joining during the year will pay only for the remaining months - please contact Susie to find out the amount required.

Please make cheques payable to 'Fareham Autistic Spectrum Support' with family name and 'Membership' written on reverse.

Section 2 to be completed by all new members and ammended by existing members only if there have been any changes since last year:

1. Contact Details

Name of main contact (adult)	
Postal address (include postcode)	
Email (very important)	
Phone (mobile and/or home)	

IMPORTANT – please note that most contact is made via email. If you do not have access to email please let Susie know so she can make alternative arrangements.

Please turn over.....

2.Names of all adults who may attend FASS events.

First name	Surname	Male/ Female	Ethnicity	Relation to child -parent/ carer/ grandparent

2.Details of all children in your family who may attend FASS events?

First name	Surname	Autistic? Yes or no	Male/ Female	Date of birth	Ethnicity

3.Do you receive any sort of disability living allowance (DLA) payment for care or mobility for your child/children? Please circle.

None Lower Middle Higher

5. School, College or Early Years Provider that your child/children with autism attend.

6. Please tell us about your child/children with additional needs, their autism, their likes and dislikes, medical conditions, activities they enjoy etc.

FASS GROUP AGREEMENT

FASS is a club run by volunteers, for families with children on the autistic spectrum. We want everyone to have fun and to feel they belong. We want FASS activities to be a place where children with autism can relax and enjoy themselves. By becoming a FASS member we assume you agree to the following:

- All members will show understanding, consideration and tolerance of the behaviour of all our children with autism.
- All members will provide adequate supervision of all their children to ensure the health, safety and happiness of all who attend FASS activities.