



Autism Yukon

108 Copper Rd.
Whitehorse, Yukon Y1A 2Z6
Phone: (867) 667-6406
Email: info@autismyukon.org
Website: <http://www.autismyukon.org>

Membership Form 2023

Your contact information will not be distributed or shared with any other organization. Please fill out the form and return it by email to info@autismyukon.org or by mail to the address listed above. Forms may also be dropped off in person to a staff member or board member.

Name/Family/Organization: _____

Mailing Address: _____
Address, City Postal Code

Phone Number: _____

Fax Number: _____

Email address: _____

Type of Membership: Voting (\$10) Non-Voting (\$10)

- Please tell us if you are:
- A self-advocate (an individual with autism).
 - A family member or a caregiver of someone on the autism spectrum.
 - My career is related to autism in some way: _____
 - I'm a community member who cares about autism.

FOR OFFICE USE ONLY

Date received: _____ Amount received: _____ Authorized by : _____

VOTING MEMBERS ARE REQUIRED TO ATTEND THE AGM IN MAY