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## MEMBERSHIP FORM

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Membership:     **Voting (\$10)** – Must attend yearly AGM and any special meetings.  
                                   **Non-Voting (\$10)**

Are you:                     A self-advocate (an autistic/neurodivergent adult – 19 or older)  
                                   A family member or a caregiver of an autistic/neurodivergent individual.  
                                   Someone whose work is related to the field of neurodivergence.  
                                   A community member who cares.

By becoming a member, I acknowledge and understand that Autism Yukon is an organization built upon the principles of fairness and respect, and that the Autism Yukon office is a safe space that is free from discrimination and harassment.

Membership will expire on: \_\_\_\_\_

Your contact information will not be distributed or shared with any other organization.

Thank you for your support of our organization!