

## Family Membership Form

Your name \_\_\_\_\_

Partner's name\* \_\_\_\_\_

Address \_\_\_\_\_

Area of Borough \_\_\_\_\_ Postcode \_\_\_\_\_ Date \_\_\_\_\_  
(eg Forest Hill, New Cross etc)

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

**Please tick here if you are happy to receive your Newsletter by email**  
(this saves resources and postage costs)

### Information about ALL your children:

First Name(s)	Surname	Date of Birth	Boy	Girl	Tick if autism spectrum

Any other information - please indicate here if you would be happy for us to ring you to ask if you can do something to help with the group.

Membership costs **£15** per family per year (or a concessionary fee of £10 – please request details of eligibility). Postal orders or cheques payable to **SIGNAL Family Support Ltd**, thank you. Alternatively, **direct transfer** to SIGNAL Family Support Ltd, The Co-operative Bank, sort code 08-92-99, account 65476132.

**Please also fill in the information on the back of this form and sign it before returning it to us at:**

**Candida Miles, SIGNAL Membership Secretary**  
**c/o Hatcham Oak Children's Centre,**  
**29 Wallbutton Rd, London SE4 2NX**

\*Name of your partner and/or other parent of your child/children.

**For the purposes of returning statistics to our funders**, please complete the section below (please tick one numbered group using the right-hand box, thank you).

<input checked="" type="checkbox"/>	<b>Black or Black British</b>	<input checked="" type="checkbox"/>	8	Vietnamese	<input checked="" type="checkbox"/>
<input type="checkbox"/>	1 African	<input type="checkbox"/>	9	Bangladeshi	<input type="checkbox"/>
<input type="checkbox"/>	2 Caribbean	<input type="checkbox"/>	10	Other	<input type="checkbox"/>
<input type="checkbox"/>	3 Other	<input checked="" type="checkbox"/>		<b>White</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>Asian or Asian British</b>	<input checked="" type="checkbox"/>	11	British	<input type="checkbox"/>
<input type="checkbox"/>	4 Indian	<input type="checkbox"/>	12	Irish	<input type="checkbox"/>
<input type="checkbox"/>	5 Pakistani	<input type="checkbox"/>	13	Other	<input type="checkbox"/>
<input type="checkbox"/>	6 Chinese	<input type="checkbox"/>	14	<b>Other ethnicity, pls specify:</b>	
<input type="checkbox"/>	7 Turkish Cypriot	<input type="checkbox"/>	15	<b>Mixed ethnicity, pls specify:</b>	

In order to target information sharing and to enhance networking between families, it would be very helpful if you would complete the following sections:

**Diagnosis:**

For your ASD child or children, please tick one or more of the following boxes:

- Autism Spectrum Condition/Disorder
- High-Functioning Autism
- Asperger’s Syndrome
- ADD/ADHD
- Other (please specify, or state if no specific diagnosis. This will not affect your membership):

\_\_\_\_\_

**Education:**

For your ASD child or children, please tick one or more of the following boxes and give NAME of school/college where appropriate

- At mainstream school: \_\_\_\_\_
- At special school: \_\_\_\_\_
- Home school
- At college: \_\_\_\_\_
- Working
- Other (please specify):

**Signed:** \_\_\_\_\_

By signing this form, you are providing consent for us to keep your details on our secure membership database. We do not disclose your personal details other than as required for the effective functioning of the group. Our Data Protection Policy is available on request or via our website (address below).