



Membership No : \_\_\_\_\_

## Autism Resource Centre (Singapore) Society Membership

**Subscription to the Autism Resource Centre (Singapore) entitles you to:**

- ❖ Vote in the Society (except for Staff Membership) and help mould the future of the Society
- ❖ Updates on ARC's Services via Annual Report, Emails, Letters, Brochures, etc.

**This is in addition to services, which are open to the public such as:**

- ❖ Viewing of videos on autism in the ARC(S) library;
- ❖ Reference books and articles on autism in the ARC(S) library.

**Please complete this form and return it to the address below.**

**A subscription card and information sheet will be forwarded to you within 2 weeks.**

Title \*Mr./Mrs./Ms./Dr./Prof. Name as in NRIC \_\_\_\_\_

Date of Birth \_\_\_\_\_ NRIC/ Passport No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel: (O/ H/Mobile) \_\_\_\_\_ Occupation: \_\_\_\_\_

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

*\*\* Please delete accordingly*

**❖ Membership category (please tick one) :**

- |                                                          |                                                       |                                                    |
|----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Ordinary (\$32.10 per year)     | <input type="checkbox"/> Ordinary Life (\$214.00)     | <input type="checkbox"/> Junior (\$10.70 per year) |
| <input type="checkbox"/> Corporate (\$1070.00 per year)  | <input type="checkbox"/> Corporate (Charity)          | <input type="checkbox"/> Honorary                  |
| <input type="checkbox"/> Professional (\$53.50 per year) | <input type="checkbox"/> Professional Life (\$321.00) |                                                    |

**❖ Reason for joining ARC(S) member :**

- |                                                                  |                                                          |
|------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Son/ Daughter diagnosed with Autism     | <input type="checkbox"/> Working in Autism/ Related Area |
| <input type="checkbox"/> Relative/ Student diagnosed with Autism | <input type="checkbox"/> To know more about Autism       |

I, \_\_\_\_\_ declare that the above details are correct, and if accepted as a member of the Autism Resource Centre (Singapore), I agree to abide by the Constitution and rules of the Society.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please make your crossed cheque payable to **ARC(S)** and mail it with the completed form to:

Autism Resource Centre (Singapore)  
No. 5, Ang Mo Kio Avenue 10 Singapore 569739  
Tel: 6323 3258 / Fax: 6323 1974



### Additional Information

Please complete this section of the form as we would like to obtain more information about your child/children in order to better tailor our services to our members. This information will be treated with the strictest of confidence.

Name of all Children	Date of Birth	Age	School

Name of child who has an autistic spectrum disorder: \_\_\_\_\_

Diagnosis given: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Name and profession of person who made the diagnosis: \_\_\_\_\_

Place of diagnosis: \_\_\_\_\_

Please list any therapies that your child has used or is currently using:  
\_\_\_\_\_

Is your child on the waiting list for any services (please list)  
\_\_\_\_\_