

Join your local branch Please fill in your details below

Title		First name		Surname	
Address line 1					
Address line 2					
Address line 3					
Town		Postcode			
Mobile number					
Telephone number					
Email address					

Are you a member of The National Autistic Society?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Are you a member of a local branch or group?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If you are you a full paying member, would you like to nominate your local branch or group to receive a proportion of your membership fee at no extra cost to you?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Which branch would you like to join?	
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Signed		Date	
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The National Autistic Society would like to keep in touch with you about our services, support, events, campaigns and fundraising. We'll only contact you in the ways you want, and we'll keep your data safe. (See www.autism.org.uk/privacypolicy for further details). You can update you permissions at any time by contacting us on 0808 800 1050 or at supportercare@nas.org.uk.

I agree to the National Autistic Society contacting me in the following ways: (Please tick the appropriate box or boxes to ensure we can contact you)

Post	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
E-mail	<input type="checkbox"/>

SMS	<input type="checkbox"/>