

Member's name: _____

Name of the person with ASD: _____

Birth date of this person: _____

- | | |
|---|-------|
| <input type="checkbox"/> Parent of or person with ASD | 25 \$ |
| <input type="checkbox"/> Sympathizing member | 25 \$ |
| <input type="checkbox"/> Honorary member | 0 \$ |

How would you like to receive news and updates from ADEQ ? (check)

For sustainability and economical reasons, ADEQ favour emails and digital documents.

- Mail only
- Email only
- Mail **and** Email

I would like to subscribe to : *(mostly in French but some parts are in English)*

The Infoletter (e-mail) ; The Press review (e-mail) *(check)*

Write the check at the order of *Autisme de l'Est-du-Québec* and send it with this form at :

Autisme de l'Est-du-Québec
C.P. 44, Succursale A, Rimouski (Québec) G5L 7B7

***** ADEQ could contribute at your membership cost if you make the request *****

Please fill this section only if changes occurred :

Adress : _____

City : _____

Postal code: _____

Language for correspondence : French English

Phone : _____

Email :

Person's diagnosis : _____

How many brother (s) and sister (s) ? brother (s) _____ sister (s) _____

Brothers' and sisters' birth dates : _____