

Member's name: _____

Name : _____

Address : _____

City : _____

Postal code : _____

Telephone : _____

Email : _____

- | | |
|---|-------|
| <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)*

Name of child or adult with ASD: _____

Birth date : _____

Person's diagnosis : _____

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

Year(s) of birth of brother (s) and sister (s) : _____

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 *****