

## Bendigo Autism Asperger Group (BAAG) Membership Application

<b>Are you:</b> please mark appropriate box(es)			
Adult on the autism spectrum		Professional*	
Partner of someone on the autism spectrum		Employed as a Carer*	
Parent of a child/children on the spectrum		Representing an organisation*	
Grandparent/relative of someone with autism			
Friend of an individual with autism			

\* A professional membership (Associate Membership) applies to applicants/organisations who have an interest in being involved in this group but who are not on the autism spectrum and /or who do not have direct care of an adult/child on the autism spectrum.

<b>Adult 1 NAME:</b>		<b>Adult 2 NAME:</b>	
Date of birth:		Date of birth:	
Are you on the Autism Spectrum?	Yes/No	Are you on the Autism Spectrum?	Yes/No
Are you Aboriginal/TSI	Yes/No	Are you Aboriginal/TSI	Yes/No
Nationality: Language spoken at home:		Nationality: Language spoken at home:	
Address: Suburb/Town Postcode		Address: Suburb/Town Postcode	
Phone number:		Phone number:	
Email Address:		Email Address:	
Do you wish to be added to the BAAG email mailing list? Yes/No		Do you wish to be added to BAAG the email mailing list? Yes/No	
*Organisation/position (if applying as a professional)		*Organisation/position (if applying as a professional)	
<b>Child 1 NAME:</b>		<b>Child 2 NAME:</b>	
Date of birth:		Date of birth:	
On the autism spectrum? Yes/No		On the autism spectrum? Yes/No	
Aboriginal/TSI	Yes/No	Aboriginal/TSI	Yes/No
Address: (complete ONLY if different to above)		Address: (complete ONLY if different to above)	
School:		School:	
<b>Child 3 NAME:</b>		<b>Child 4 NAME:</b>	
Date of birth:		Date of birth:	
On the autism spectrum? Yes/No		On the autism spectrum? Yes/No	
Aboriginal/TSI	Yes/No	Aboriginal/TSI	Yes/No
Address: (complete ONLY if different to above)		Address: (complete ONLY if different to above)	
School:		School:	

## Statistical Collection

Your membership application will be used to collate **non-identifiable data** which will assist our group to get support and/or funding from other groups and agencies.

Are you a current client of Carer Support Services (Bendigo Health)?    Yes    No  
(please circle)

This information will provide **identifiable data** to Bendigo Health Care Group (Carers Support Services – CSS). Carers Support Services provide funding to our group to offer respite activities for our families. The amount of funding we receive is allocated in part on our membership details and the needs of families.

## Privacy Statement

BAAG will only use your personal information for the purposes for which you gave it to us.

We do not share information about you with any other organisations or government agencies without your permission unless it:

- \* is necessary to provide you with a service that you have requested
- \* is necessary to complete an activity that you have chosen to undertake
- \* is required or authorised by law
- \* will prevent or lessen an imminent threat to somebody's health.

I have read and understood the Membership Application and I consent for the information to be shared as detailed above.

Adult 1 NAME:	Adult 2 NAME:
Signature:	Signature:
Date:	Date:

**Please make sure ALL details have been completed and forward to:**

BAAG P.O. Box 439 Bendigo Victoria 3552

or scan signed form and email to

[info@bendigoautism.org.au](mailto:info@bendigoautism.org.au)

### Office Use Only

Date received:

Membership processed:

Membership reference number:

Membership status (new/renewal):

**Bendigo Autism Asperger Group is auspiced by Interchange Loddon-Mallee Inc.**