

# SPOCAAS Professional's Registration Form 2011

Supporting Parents Of Children with Autism & Asperger's Syndrome

A Committee of Community Living & Respite Services Inc

<b>Name</b>		<b>Organisation/Business</b>	
<b>Type of Service</b>		<b>Your Role (e.g. teacher)</b>	
<b>Postal Address</b>			
<b>Work Phone</b>		<b>Work Mobile</b>	
<b>Work Fax</b>		<b>Email</b>	
<b>Type of Service</b>		<b>Website</b>	

Please  all that applies

- Please put me on the SPOCAAS mailing list to be kept informed of events and to receive SPOCAAS News
- Please put me on the Community Living & Respite Services Inc mailing list to receive newsletter & other events
- I would like to volunteer some time to SPOCAAS (eg: Guest Speaker)
- I would like to donate goods, services or funds to SPOCAAS
- I would like to register to borrow from SPOCAAS library
- We supply ASD specific services (please provide details below or attach brochure)
- I would like to be included in an ASD specific directory for families and professionals
- I give permission for SPOCAAS to give basic contact details to SPOCAAS members for the purpose of accessing goods and services. (Eg: Organisation/Business name, type of service, address, work phone and website)

**Any comments or additional information?**

Please Sign x \_\_\_\_\_

Date \_\_\_/\_\_\_/2011

**THANK YOU for registering with SPOCAAS – we look forward to your involvement with the group!**

## OFFICE USE ONLY

Date Received			Received By					
Process Date			Processed By					
SPOCAAS News	Post	Email	Library Member	Guidelines	Signed	Card	No:	Box
Services Email List	Yes	/	Mobile Phone Entry	Yes	N/A			
CLRS List	Yes	No	Volunteer					
ASD Directory	Yes	No	Donation					

Other:



Community Living  
& Respite Services Inc.