



Company Ltd by Guarantee
Charity No: 18103

Membership Form:

Name: _____

Address: _____

Contact No: Home - _____ Mobile - _____

Email address: _____

Preferred Method of Communication: Text Email

Child/Children's Details

1st Childs Name with ASD: _____

D.O.B: ____/____/____

School/Playschool they are attending (where relevant) _____

2nd Childs Name with ASD _____

D.O.B: ____/____/____

School/Playschool they are attending (where relevant) _____

Siblings Names: _____

D.O.B ____/____/____
D.O.B ____/____/____
D.O.B ____/____/____

Signed: _____

Date: _____

CAN Membership Fee:

CAN is a registered company and registered charity and as such, holds an AGM annually. As a registered company and charity there are certain legal requirements and good practice guidelines that incur costs to the organisation. These include annual legal and accountancy fees. The membership fee contributes towards these costs. *Note: All Board members are volunteers and do not claim any expenses while fulfilling their role as directors of the company.*

Benefits of Membership with CAN

- New Members receive an information pack with useful information about autism, our services and other local services.
- Members also receive an annual membership card which allows you to access CAN activities at a reduced rate as well as reduced entry to our sensory screening at Wexford Omniplex
- Members have *priority access* to all Cottage Autism Network activities, training and information sessions during the year.
- Members receive regular texts and emails with updates
- Members can be involved in the organisation if they wish, through volunteering/ participating in decision-making/fundraising
- Members can attend and vote on resolutions at our AGM and can also be nominated to become a Board member.

Membership Fee is €20 per calendar year ie. January to December (this means that members are required to renew their membership every January and those that join CAN at any time during the year are required to renew their membership in January.

The membership fee can be paid by cheque or postal order made payable to Cottage Autism Network Company Ltd. By Guarantee and posted to the address below, through online banking or you can lodge it directly into our account. IMPORTANT: In this instance please put your name to the transaction as a reference.

Bank Details: IBIC AIBKIE2D
 IBAN IE57AIBK93334125362096

CAN MEMBERSHIP Contact Details:

Address: Cottage Autism Network
 c/o Mag Furness
 "Hillcrest"
 Ballykelly,
 New Ross,
 Co. Wexford

Email: cottageautism@gmail.com or info@cottageautismnetwork.com

Phone No: 087 1035355

Facebook: Cottage Autism Network (CAN)

Board of Directors:

Chairperson: Catherine Fedorca
Vice Chairperson: Mag Furness
Company Secretary: Maria Banville
Treasurer: Pauline Byrne
Vice Treasurer: Teresa Carr- Buckley
Board Secretary: Saskia Dodebier
Other Members: Karen Furlong (Designated Child Welfare Officer)
Katie Murphy (Designated Child Welfare Officer)
Servaas Dodebier (Board member and CAN Honorary President)

All information is Confidential and only used by the Cottage Autism Network Wexford for the purposes of operating our organisation efficiently.

Cottage Autism Network Company Ltd. By Guarantee

Registered in Ireland No: 398562

Registered Charity No: CHY18103

Photograph Permission

I, hereby give permission to the Cottage Autism Network Company Ltd. By Guarantee to use photographs/video clips taken of me and/or my child during activities, days out and training to promote Cottage Autism Network and its work.

Yes, I do

No, I do not give permission to the Cottage Autism Network Company Ltd. By Guarantee to use photographs/video clips taken of me and/or my child during activities, days out and training to promote Cottage Autism Network and its work.

No, I do not

Signature: _____

Print Name: _____ Date: _____

Please Note: A parent / guardian/designated adult is required to stay on- site during all CAN activities that your child attends. Our facilitators are Garda vetted and have experience of working with children with autism/additional needs.

Office use only

Date Rec'd _____ Payment Method _____ Membership No: _____

Signed By _____

Date Membership Card Sent Out _____