



GRAVITY AUTISM SUPPORT

APPLICATION FOR NEW MEMBERSHIP

Please complete in Block Capitals

*Denotes required field

Parent /Guardian Details

Please note, in cases with one parent/guardian, please provide 2nd emergency contact.

*Parent 1 Name:		*Mobile No.	
Parent 2 Name:		Mobile No.	

Address line 1:			
Address line 2:			
Town/City:			
County:			
Email:		Add to mailing list?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

**Place an X beside yes or no. Please note, if you do not wish to be added to our mailing list, we will only keep your email on file for membership purposes, but you will not receive any regular emails with up to date info on upcoming events or Charity updates

Child Details

*Name:		*DOB(DD/MM/YYYY):	
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Please place an X beside yes or no:

*Confirmed ASD Diagnosis:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Allergies:	YES: <input type="checkbox"/> <i>please state:</i>	NO: <input type="checkbox"/>
Medical conditions that require additional assistance at events:	YES: <input type="checkbox"/> <i>please state:</i>	NO: <input type="checkbox"/>

*Please indicate if you give permission for your child to:

Be photographed during activities and those pictures to be put up on our Gravity website / social media. Note your child will not be identified by name. (mark X): YES: NO:

Go outside the facility with the support of at least 2 Gravity Adults to engage in life skills, for example going to the local shop. (mark X): YES: NO:

Do you give permission for your child's siblings to be photographed at Gravity family event days: YES: NO:

Membership Details

*Number of Gravity cards required (1 card is included, €10 per additional card)	1 Card	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	Quantity Required:	
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Declaration of Applicant

To complete the application, please place an X beside "YES" below to agree to the Statement of Declaration:

* Agreement of Applicant: YES: <input type="checkbox"/>	*Date (DD/MM/YYYY):	
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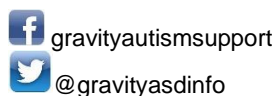
By placing an X beside "YES", you declare that all information provided is true. You allow Gravity permission to keep your data on file for the purpose of providing its services and that you have read, understood and agreed to abide by the member rules.

For office use only	Membership No:	No. of Cards:
Payment Method: Cash: <input type="checkbox"/>	Cheque/Postal Order: <input type="checkbox"/>	

Phone: +353831952073

Web: www.gravityautisimsupport.ie

Email: info@gravityasd.ie



Registered Charity No. 20201045

Revenue Charity No. 22449CHY



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How to Apply

1. Annual membership is €30 per family for 1 year, €20 per additional sibling. Once membership is approved, you will receive one photo membership card that may be used to explain to others and venues that your child has additional needs.
2. If you require more than 1 card of the same child, these are charged at an extra €5 charge per child.
3. Payment can be made by:
 - Cheque/ Postal Order made payable to GRAVITY AUTISM SUPPORT
 - Cash, handed into any committee member at a future attended Gravity event
4. Completed forms can be submitted
 - printed from our website and handed into any Gravity committee member at an activity or sent to

**Membership Secretary
Gravity Autism Support
Liam Rodgers Centre
Kinsealy
Co. Dublin**

5. A passport sized photo of the applicant should accompany every new application. This can be emailed to **gravitymembership@hotmail.com**. For renewals, we can use the photo already on file, if desired.

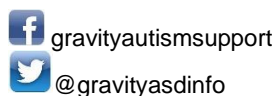
Member Rules

1. Membership is at the discretion of the membership committee.
2. Gravity reserves the right to cancel memberships at their discretion.
3. Membership is for 12 months from the date the application is processed.
4. Membership renewal is the responsibility of the member, however:
 - we will endeavour send one email reminder within the last 4 weeks before your renewal date.
 - we will endeavour to send one email reminder after your membership expires.
5. Please make sure your membership details are kept up to date.
6. If membership is not renewed within 3 months, we will remove all personal details from our database.
7. All members are expected to act respectfully at all Gravity events and towards Gravity volunteers.
8. Swearing, bullying, racism, violence of any kind and threats are unacceptable behaviours and will NOT be tolerated.
9. By becoming a member, you agree to be bound by the Gravity Constitution and these Membership rules.
10. All members MUST be accompanied by a parent/guardian while attending any Gravity events and must in the building while the event takes place.
11. All parents/guardians who attend Gravity events MUST have submitted their Garda Vetting forms to the club and completed the relevant Child Protection course.

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Additional Child Details

If more than one child requires membership, please fill in where appropriate

Child 2

*Name:	<input type="text"/>	*DOB(DD/MM/YYYY):	<input type="text"/>
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Please place an X beside yes or no:

*Confirmed ASD Diagnosis:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Allergies:	YES: <input type="checkbox"/> <i>please state:</i>	NO: <input type="checkbox"/>
Medical conditions that require additional assistance at events:	YES: <input type="checkbox"/> <i>please state:</i>	NO: <input type="checkbox"/>

***Please indicate if you give permission for your child to:**

Be photographed during activities and those pictures to be put up on our Gravity website / social media. Note your child will not be identified by name. (mark X): YES: NO:

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Child 3

*Name:	<input type="text"/>	*DOB(DD/MM/YYYY):	<input type="text"/>
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Please place an X beside yes or no:

*Confirmed ASD Diagnosis:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Allergies:	YES: <input type="checkbox"/> <i>please state:</i>	NO: <input type="checkbox"/>
Medical conditions that require additional assistance at events:	YES: <input type="checkbox"/> <i>please state:</i>	NO: <input type="checkbox"/>

***Please indicate if you give permission for your child to:**

Be photographed during activities and those pictures to be put up on our Gravity website / social media. Note your child will not be identified by name. (mark X): YES: NO:

Go outside the facility with the support of at least 2 Gravity Adults to engage in life skills, for example going to the local shop. (mark X): YES: NO:

Child 4

*Name:	<input type="text"/>	*DOB(DD/MM/YYYY):	<input type="text"/>
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Please place an X beside yes or no:

*Confirmed ASD Diagnosis:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
Allergies:	YES: <input type="checkbox"/> <i>please state:</i>	NO: <input type="checkbox"/>
Medical conditions that require additional assistance at events:	YES: <input type="checkbox"/> <i>please state:</i>	NO: <input type="checkbox"/>

***Please indicate if you give permission for your child to:**

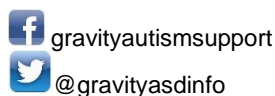
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