



AUTISM PARENTS
ASSOCIATION
INTERNATIONAL
...there is light IN the tunnel

MEMBERSHIP FORM

Name:

Address (Place of work):

*Position:

*Address (Home):

Telephone Number(s):

Email(s):

Do you have a family member with Autism? Yes No

If yes, please state your relationship with the person with autism:

Please state his/her age: Gender: Male Female

Please note: The fields marked with asterisks are optional.

For more information Please call:

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