

ASD Advisory Committee Application



Thank you for your interest in becoming a member of the ASD Advisory Committee of Autism Canada. Please complete this application form and email to ASDAdvisoryCommittee@autismcanada.org. Should you have any questions, feel free to email the above address.

Applicant Information

Name

Phone

Address

Address

City

Province/Territory

Postal Code

Email Address

Indicate which projects you would like to be involved in.

ASD Central Facebook Group Participant: I am interested in posting at least weekly.

ASD Central Facebook Group Administrator: I am interested in screening registrants and confirming status.

I would like to be on a planning committee for a conference specifically for adults on the spectrum.

I would like to be called upon to participate in working groups, polls, surveys or discussions where the voices of persons living with ASD are being sought.

I would like to suggest other projects:

Tell us about yourself

Tell us about projects, groups or initiatives you have been a part of in the past. Tells us about any opportunities you have had in the past to raise awareness and acceptance of autism.

Autism Canada ASD Advisory Committee Requirements

1. I have read and agree to the Terms of Reference and Code of Conduct of this committee.
2. I am of 18 years of age and I reside in Canada.
3. I am proudly on the autism spectrum.

Privacy Statement

We respect your privacy. Autism Canada collects your personal information in order to contact you when required. Your information will not be shared outside the organization.

I have read and agree to the committee requirements above.

Applicant name (please print)

Date

Applicant Signature

Thank you for submitting your completed application. It will be reviewed and you will be contacted by Autism Canada within five working days. Please forward completed form to: ASDAdvisoryCommittee@autismcanada.org.