



MEMBERSHIP FORM

Name		
Address		
Phone		
Mobile		
E-mail		
Child(ren) Name & DOB	Name	DOB
School		
Special Interests		

Membership fee is €10 per family. All children must have a Parent/Guardian in attendance at all times during activities.

Signature of Parent/Guardian: _____ Date: _____

Forms can be submitted at the next WASSA event or posted to: WASSA, 10 Berkeley Drive, The Beeches, Ferrybank, Waterford City

WASSA is a group of parents of children on the Autism Spectrum that aim to benefit the community through partnership, integration and inclusion into mainstream social and sporting activities.

Mobile: 086 6637055 or Email: contact@wassa.ie

wassa

be yourself, together