

## AUTCOM – MEMBERSHIP FORM

### PRINCIPLES OF THE AUTISM NATIONAL COMMITTEE

As a member of the Autism National Committee I endorse for all people with autism, pervasive developmental disorders, and related disabilities the development of high-quality community services, including education, residences, jobs/job training programs, and of individualized support services in all locations for both individuals and their family members; of state-of-the-art communication options for all individuals with unique communicative and social needs; of adequate supports to every family to assist them in maintaining their family member with a disability in their home at least throughout the childhood and adolescent years; and the dissemination of available knowledge of those aspects of the disability requiring special support and understanding; the promotion of research to provide parents and professionals with greater insight into the unique needs of individuals with autism and related disabilities; and the use, development, and promotion of positive, respectful approaches for teaching every aspect of life.

Moreover, I oppose the use of institutions to separate people from their communities, and deprive them of dignity, freedom and the level of independence they can achieve in supportive community living; the use of procedures involving pain, humiliation, deprivation, and dangerous drugs as a means to alter and control individual's behavior; the increasing use of bizarre technology to control self-injurious and aggressive behavior; the widespread ignorance of the basic social and communicative needs of people with autism; and the widespread disregard for the individual's unique, basic and human needs. I object to programs which disregard the skills, preferences and basic human needs of the people they serve, and I believe that there is no longer need or any justification for using painful and abusive procedures.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone and/or FAX (Optional) \_\_\_\_\_

Email: \_\_\_\_\_

**I want to:** \_\_\_renew my membership, \_\_\_become a member

**I am a:** \_\_\_person with autism, \_\_\_parent, \_\_\_friend,  
\_\_\_professional (field)\_\_\_\_\_

**Enclosed is my membership fee of:** \_\_\_\_\_\$10.00 (person with autism),  
\_\_\_\_\_ \$30.00 (regular membership fee) \_\_\_\_\_ \$75.00 (facilitating membership)  
\_\_\_\_\_ \$500.00 (lifetime membership)

I am enclosing an additional \$\_\_\_\_\_ to speed up the good work.

Send the above information and a check in the appropriate amount to:

**Anne Bakeman, AutCom Treasurer**  
3 Bedford Green  
South Burlington, VT 05403