



MEMBERSHIP/DONATION FORM

Join ASA and add your voice to the growing number of families and professionals helping those with autism. You can help!

MEMBERSHIP LEVELS:

- \$25 ~ Household \$150 ~ Professional
 \$75 ~ Champion \$1,500 ~ Lifetime
- In addition to my Membership payment, I'm enclosing a donation of: \$ _____
- I'm not interested in becoming a Member, but I'm enclosing a donation of: \$ _____

Total Amount: _____

NAME (S) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

E-MAIL _____

(By providing your e-mail, you will receive *ASA-Net*, our e-newsletter. Your e-mail will be kept confidential.)

PAYMENT INFORMATION:

- Check Visa MC AmEx

NAME ON CARD _____

CARD # _____

EXPIRATION _____

SIGNATURE _____

To join, please mail or fax the attached form, or go to our website, www.autism-society.org/SW_Membership and join online using our secure server. Please mail or fax to: Autism Society of America
P.O. Box 96223
Washington, DC 20090-6223
Fax: 301-657-0869

*Your donation is tax deductible to the extent allowable under the law. Thank you for your support!