



Improving the Lives of All Affected by Autism

Nebraska

2012 Membership Form

Name (s) _____

Number of adults in your household: _____

Number of minors in your household: _____

Address _____

City _____

State _____

Zip _____

E-mail(s) _____

(Please use an email that you check frequently as almost all correspondence will come via email.)

Please explain your connection to autism:

- I am an individual on the spectrum
- I am a family member to someone on the spectrum.
Relationship: _____
- I am a professional serving the autism community.
Describe: _____
- Other: _____

You do not have to be a member of the Autism Society of America to be a member of the Nebraska chapter. Nebraska state dues are being waived for 2012.

Autism Society of Nebraska

P.O. Box 83559 Lincoln, NE 68501-3559 1-800-580-9279

www.AutismNebraska.org