



MEMBERSHIP REQUEST FORM

Name _____

Parent ____ Professional ____ Person with Autism Spectrum Disorder ____ Other ____

Address _____

City _____ State _____ Zip _____ County _____

Phone (____) _____ Phone (____) _____

Email _____ Today's date: _____

Updates are sent by eMail approximately twice per month to share news, announcements, and upcoming events. *We also use this email to contact you at membership renewal time. Please provide an email account you actively check.*

Membership Type: Please circle:

New Membership? Renewal? Memberships are valid for 12 months.

Please circle:

Student = \$10.00 Individual = \$15.00 Family = \$30.00 Corporate = \$100.00

Membership benefits include local chapter email updates, reduced conference rates, and free admission to select events.

Our events are only as strong as our invested member volunteers. If you would prefer to not be contacted by email with volunteering opportunities please initial here: _____

Please mail this completed membership form and fees to Autism Society of South Central Wisconsin, 437 S Yellowstone Dr, Ste 217A , Madison, WI 53719

For more information, please contact autismsouthcentral@gmail.com or call (608) 283-7806.

Stay informed: Connect with us on FACEBOOK!