



MEMBERSHIP FORM

Name _____

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

Address _____

City _____ State _____ Zip _____ County _____

Primary Phone _____ Secondary 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.*

MEMBERSHIP TYPE (please check one)

Family \$30 _____ Individual \$15 _____ Student \$10 _____ Business \$100 _____

Memberships are valid for 12 months. Benefits include local chapter email updates, reduced conference rates, and free or reduced admission to select events.

Pay online at autismsouthcentral.org/membership or **mail completed form and check** payable to Autism Society of SC WI to address at bottom of page.

Stay informed!

Connect with us on **FACEBOOK** at facebook.com/AutismSouthCentral.
Visit the **Upcoming Events** page on our website autismsouthcentral.org.