



For Office Use
Date _____
Paid _____
Past member _____

2016 Membership Form

General Information

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____ Other: _____

Email: _____

Any changes to your family membership yes _____ no _____

Family Membership \$30 a year _____ **Individual/Professional/Student \$20** _____

5 year Membership \$100 _____ **Lifetime member \$300** _____

You can mail in a check to 10563 Lackman Rd, Lenexa, KS 66219 OR you can pay online on our website in the membership section.

Your membership is appreciated.

Immediate Family Members- List any updates if needed-

First & Last Name	Birth Month/Year <small>*required only for children on the spectrum who want to participate in qtly bday parties</small>	Relationship <small>(spouse, sibling, child...)</small>	Autism Spectrum Diagnosis Y/N? If Yes, include Month/Year of Diagnosis

...