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|-------------------|
| For Office Use |
| Date _____ |
| Paid _____ |
| Past member _____ |

2018 Membership Form

General Information

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Other Phone: _____ Email: _____

New Membership: _____ Existing Membership: _____ If existing, any changes to your family membership **yes** _____ **no** _____

Family Membership \$30 a year _____ Individual/Professional/Student \$20 _____
 5 year Membership \$100 _____ Lifetime member \$300 _____

| First & Last Name Immediate Family Members | 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 |
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You can mail in a check to: *Autism Society - the Heartland, PO Box 4455, Olathe, KS 66063-4455* **OR** you can pay online through our website in the membership section www.asaheartland.org

Thank you for your membership!