



FOR OFFICE USE ONLY
Date Submitted _____
PAID _____
Board Member Initials _____

How did you hear about our local chapter?

What types of activities are you interested in participating in? Check Mark-

- Support Group Meetings
- Parent Training
- Advocacy
- Women’s Coffee Group (CAMKA)
- Family Social Events
- Quarterly Birthday Parties
- Fundraising Events
- Awareness Events
- Other _____

What types of activities are you interested in volunteering with? Please Check Mark

- Support Group Meeting Facilitation
- Support Group Meeting Setup/Tear Down
- Women’s Coffee Group (CAMKA) Facilitation
- Parent Mentoring Partnerships
- Family Social Events
- Young Adult/Adult Social Events
- Fundraising Events
- Awareness Events
- Childcare Coordinator (for support group meetings)
- Childcare Room Volunteer (for support group meetings)
- Other _____

In what other ways would you like to see our chapter provide support for our community?

Please mail completed form and check to
Autism Society – The Heartland
PO BOX 860984
Shawnee, KS 66286-0984