

Membership Form

★ Membership Type (check one please)

_____ **INDIVIDUAL/FAMILY MEMBERSHIP**
\$40.00

Family memberships allow you to add up to five members per household.

Please complete the information in the **BLUE BOXES** on the reverse side for each family member included on this membership.

* NOTE: The last column is OPTIONAL but will help us in program development and in acquiring grants.

or

_____ **EDUCATORS' MEMBERSHIP**
\$160.00

Educators' memberships allow you to add up to four employees per membership purchased.

Please complete the information in the **RED BOXES** on the reverse side for each colleague/associate included on this membership.

* NOTE: Please include email for each member who would like to be included in the weekly email update.

★ Contact and Payment Information

Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Email _____ Check box only if you DO NOT wish to receive weekly email update.

Email newsletters are sent approximately once per week to keep you updated on events and news. We do not sell or share your contact information.

\$ _____ Membership Fees	_____ Cash
\$ _____ Optional Additional Donation	_____ Check enclosed (payable to ASSEW)
\$ _____ TOTAL	_____ Credit Card

Card #

MC _____ VISA _____

Name on card _____

Expiration date mm/yr _____ CVV _____

Signature _____

★ **PLEASE COMPLETE INFORMATION ON REVERSE SIDE FOR EACH MEMBER**

INDIVIDUAL/FAMILY MEMBER INFORMATION

NAME	AGE (children)	This family member is... P (parent/caregiver) A (on the spectrum) N (other special need) S (sibling) F (friend/family) X (other or choose not to specify)	*OPTIONAL Race/Ethnicity of this family member ... AF (African American/Black) AS (Asian or Pacific Islander) LA (Latino/Hispanic) NA (Native American) CA (Caucasian/White) O (Other) X (Choose not to answer)
1.			
2.			
3.			
4.			
5.			

EDUCATORS' MEMBER INFORMATION

NAME	Please circle to OPT IN or OPT OUT of weekly email update	EMAIL (please print clearly)
1.	OPT IN OPT OUT	
2.	OPT IN OPT OUT	
3.	OPT IN OPT OUT	
4.	OPT IN OPT OUT	

Please mail membership form, fees and donations to:

Autism Society of Southeastern Wisconsin
3720 N 124th Street, Suite O
Wauwatosa, WI 53222

For further information, please phone (414) 988-1260 or email info@assew.org
Memberships are renewable annually in your anniversary month.