

Family memberships allow you to add up to five members per household. Please complete the information in the boxes below 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.

CONTACT AND PAYMENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell Phone: (____) _____

Yes, I want to receive text messages and reminders.

Email: _____ (Check box if you DO NOT want to receive weekly email updates)

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

\$ _____ Membership Fees

\$ _____ Optional Donation

\$ _____ TOTAL

Cash

Check enclosed (payable to ASSEW)

Credit Card

Waiver (Additional Information Required)

Card#

MC VISA

Please provide county contact information:

Name on Card: _____

Name: _____

Exp. Date (MM/YR) ____/____ CVV ____

Email: _____

Signature: _____

Phone: _____

INDIVIDUAL/FAMILY MEMBERSHIP INFORMATION

NAME	BIRTH MONTH AND YEAR of applicant and each member	This family member is... P (parent/caregiver) A (on the spectrum) N (other special need) S (sibling) F (friend/family) X (other/choose not to specify)	OPTIONAL Race/Ethnicity of family member is... 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)
APPLICANT			
1. ADDITIONAL FAMILY MEMBER ONE			
2. ADDITIONAL FAMILY MEMBER TWO			
3. ADDITIONAL FAMILY MEMBER THREE			
4. ADDITIONAL FAMILY MEMBER FOUR			
5. ADDITIONAL FAMILY MEMBER FIVE			

Please mail membership form, fees and donations to:
Autism Society of Southeastern Wisconsin
3720 N. 124th Street, Suite O
Wauwatosa, WI 53222

Scan the QR code with your phone camera if you prefer to complete this form digitally.



For further information, please phone (414)988-1260 or email autismsociety@assew.org

Memberships are renewable annually in your anniversary month.

Educators'/Organization Memberships allow you to add up to four employees per membership purchased. Please complete the information in the boxes below for each colleague/associate included on this membership. *NOTE: Please include email for each member who would like to be included in the email update.

Organization Name: _____

Primary Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: (_____) _____ **Cell Phone:** (_____) _____

Email: _____ *Yes, I want to receive text messages and reminders.*
 Check box if you DO NOT want to receive weekly email updates.

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\$ _____ **Membership Fees**
 \$ _____ **Optional Donation**
 \$ _____ **TOTAL**

Cash
 Check enclosed (payable to ASSEW)
 Credit Card
 Purchase Order _____

An invoice will be sent to primary contact on application.

Card#

MC **VISA**

Name on Card: _____

Exp. Date (MM/YR) ____ / ____ **CVV** ____

Signature: _____

EDUCATORS'/ORGANIZATION MEMBER INFORMATION

NAME	Please Select OPT IN/OUT of email updates	EMAIL ADDRESS (Please Print Clearly)
1.	OPT IN / OUT	
2.	OPT IN / OUT	
3.	OPT IN / OUT	
4.	OPT IN / OUT	

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Confused about membership? This form is for membership to the Autism Society Southeastern Wisconsin (ASSEW). We serve Milwaukee, Waukesha, Racine, Ozaukee, Washington, Kenosha, Jefferson, Walworth and Dodge counties. We are an affiliate of the Autism Society of America (ASA). To learn about ASA, go to autism-society.org