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: (_____) ____________

Email: ____________________________ □ Yes, I want to receive text messages and reminders.

□ Cash □ Check enclosed (payable to ASSEW)

□ Credit Card □ Waiver (Additional Information Required)

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

Signature: ____________________________

**INDIVIDUAL/FAMILY MEMBERSHIP INFORMATION**

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTH MONTH AND YEAR OF APPLICANT AND EACH MEMBER</th>
<th>This family member is...</th>
<th>OPTIONAL RACE/ETHNICITY OF FAMILY MEMBER IS...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>P (parent/caregiver)</td>
<td>AF (African American/Black)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A (on the spectrum)</td>
<td>AS (Asian or Pacific Islander)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N (other special need)</td>
<td>LA (Latino/Hispanic)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S (sibling)</td>
<td>NA (Native American)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F (friend/family)</td>
<td>CA Caucasian/White</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X (other/choose not to specify)</td>
<td>O (Other)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X Choose not to answer</td>
</tr>
</tbody>
</table>

□ MC □ VISA

Card# ____________________________

Exp. Date (MM/YY) / ______ CVV ______

Email: ____________________________

Phone: ____________________________

**APPLICATION**

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.

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
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: ________________________ ☐ Check box if you DO NOT want to receive weekly email updates.

☐ Yes, I want to receive text messages and reminders.

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

Card# ___________ ___________ ___________ ___________ ___________

☐ MC  ☐ VISA

Name on Card: ________________________________

Exp. Date (MM/YY) ______ / ______ CVV ______

Signature: ______________________________________

EDUCATORS'/ORGANIZATION MEMBER INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>Please Select OPT IN/OUT of email updates</th>
<th>EMAIL ADDRESS (Please Print Clearly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>OPT IN / OUT</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>OPT IN / OUT</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>OPT IN / OUT</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>OPT IN / OUT</td>
<td></td>
</tr>
</tbody>
</table>

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