

Greater Philadelphia Autism Society Annual Dues

Local Society Affiliate (Philadelphia) \$10.00
For National Membership dues please go to the
National Autism Society Website:
www.autism-society.org

Donation (Tax Deductible) \$ _____

Extra Dues** (See Below) \$ _____

TOTAL: \$ _____
(Make Check Payable to **Greater Phila. Autism Society.**)

Already a Member of National Society:
(Please check if you have already paid **National**
Autism Society dues directly.)

Membership Notes

- Please allow 4 to 6 weeks for processing. Thanks!
- **Please note the Local Society is no longer able to process National Autism Society dues. To become a National Autism Society member please go the website of www.autism-society.org.** Local Society dues are NOT included in National dues and no portion of your National dues returns to the Local Phila. Affiliante. **Please remember your local membership!**
- Voting membership in the Local Phila. Society requires membership in the **National Society**. It is permissible to be a Local Society subscriber with out joining National, but you will not have voting privileges under National Autism Society's by-laws. A subscription-only status still brings you our Local Society NEWSLETTER, all other mailings, and invitations and discounts to events (where applicable).

* I would like to be a Local Phila. Society member, but I am unable to pay dues at this time.

** For additional Local Dues (\$10), a Members can designate an additional recipient (a pediatrician, teacher, family member, therapist, etc.) to receive the NEWSLETTER and other information. Fill in name/address below.

Send **EXTRA NEWSLETTER** to person below:

I contributed an extra dues payment of \$10.00.
Please send a copy of the NEWSLETTERS to:

Visit us at our website: www.ASAPhilly.org
United Way SEPA Donor Option #00601

Member Information

(Please Print or Type)

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

County _____

Phone () _____ (Home)

Phone () _____ (Work)

E-Mail _____

(Notification of receipt will be sent by email.)

New Membership Renewal Membership

Member's Relation to Autism Community

- Parent
 Family Member (Other than Parent)
 Citizen with Autism
 Educator (Level: _____)
 Service Provider (Type: _____)
 Medical Professional
 Other (_____)
 Birthdate of Autistic Family Member(s): _____

I am interested in volunteering to help with chapter events. Please contact me ___phone ___email

- Helping with workshop or conference planning
 Helping with Puzzle Ribbon Campaign
 Helping with Annual Autism Awareness Day at Zoo
 Interested in serving on Volunteer Board
 Helping with Sensory Movies
 Helping with various Autism Awareness events throughout the year.

Send Completed Form To:

Anna Filmyer, Chapter Membership
Autism Society Greater Philadelphia
325 N. Tyson Avenue
Glenside, PA 19038-3120
Phone: (215) 884-0844
Email: Anacan@verizon.net

