



autism society of minnesota

### Membership Application

Thank you for joining AuSM. Your membership means something. It is through our members and generous donations that we are able to provide services such as family support, education, collaboration and advocacy.

Name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Preferred Communication Method

\_\_\_\_\_ **email** - Yes, I would like to receive all my member benefits, including newsletters and event notification via email.

#### Please check the category that best describes you: (please select one)

\_\_\_\_\_ Parent      \_\_\_\_\_ Family Member      \_\_\_\_\_ Person w/autism

\_\_\_\_\_ Educator      \_\_\_\_\_ Medical Professional      \_\_\_\_\_ Service Provider

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

Tell us how you heard about us: \_\_\_\_\_

#### \_\_\_\_\_ **Membership Category:** (please select one)

\_\_\_\_\_ \$50 Individual Contributor: 1 adult member

\_\_\_\_\_ \$75 Family Contributor: 2 or more adult members

\_\_\_\_\_ \$10 Individual with ASD: 1 adult member diagnosed w/ASD

\_\_\_\_\_ \$150 Non Profit Agency: Unlimited number of members\*

\_\_\_\_\_ \$300 Corporation: Unlimited # of members\*

\_\_\_\_\_ Additional Donation Amount

*\*For Agency & Corporations Memberships, please attach a list of names/contact that you would like listed under the membership. Additional names can be added at a later date as well.*

#### Payment options:

\_\_\_\_\_ Check - payable to AuSM    Check # \_\_\_\_\_

\_\_\_\_\_ VISA    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Discover

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ V-Code: \_\_\_\_\_

Signature \_\_\_\_\_

Remember your Dues & Contributions are tax deductible! You will receive a membership confirmation containing your new membership number the month following your registration.

**Thank you for supporting our organization! Please mail or fax your application.**

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