



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.

Tell us how you heard about us: _____

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

___ Parent ___ Family Member ___ Person w/autism
___ Educator ___ Medical Professional ___ Service Provider ___ Other: _____

Membership Type: (please select one)

___ Life-long Membership – Your credit card will be charged automatically on your anniversary date.
___ Annual Membership – You will receive an annual membership statement on your anniversary date.

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 # _____
___ Credit Card ___ 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 membership number the month following your registration.

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