



**MEMBERSHIP APPLICATION**

We encourage you to join the Autism Society of Maine. The Autism Society of Maine is funded through its membership, donations, the Maine Department of Health and Human Services, and a variety of private foundations. As a chapter of the Autism Society of America (ASA), our mission is to promote lifelong access and opportunity for all individuals on the autism spectrum so they can be participating members of their community. Education, advocacy, and active public awareness form the cornerstones of the Autism Society of Maine's effort to carry forth our mission.

ASM membership dues are due yearly. The fee structure for your membership is below. If you have questions regarding your Maine membership, please call: 1-800-273-5200.

- You will enjoy all affiliate benefits including our lending library, scholarship program for families/professionals, Autism Information Specialist Program, and many more services.
- You will receive our quarterly newsletter *Maine Autism Connections*. **\_\_\_ Yes, please send by email**
- First consideration for Family Retreat or Camp Summit (summer day camp)

(check one) New Membership \_\_\_ or Renewal \_\_\_ (check one) \_\_\_ Home or \_\_\_ Work Address

Name (s) \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Please check the category which best describes you:

\_\_\_ Parent \_\_\_ Family \_\_\_ Individual on the Autism Spectrum \_\_\_ Professional

Information about the individual on the Autism Spectrum:

Name (optional) \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Diagnosis \_\_\_\_\_

Name on card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

3 Digit Authorization Number (on the back of card): \_\_\_

Signature \_\_\_\_\_

Type of Membership:  
 \$25.00 Individual/Family Member  
 \$25.00 Teacher/Student  
 \$150.00 Profession  
 \$200.00 Agency/Organization  
 \$1,500.00 Lifetime

Method of Payment:  
 Check \_\_\_\_\_  
 Credit Card \_\_\_\_\_