



MEMBERSHIP FORM

- Choose your Membership Category:
- Adult with Autism (16 yrs. or older) Free
 - Student Family \$10.00/yr.
 - Professional \$25.00/yr.
 - Agency (up to 3 individuals) \$50.00/yr.

Date _____ Name _____

Spouse Name _____

Agency (if applicable) _____

Title (if applicable) _____

Address _____

City _____ State _____ Zip _____

County _____

Primary Phone (____) _____ Secondary Phone (____) _____

E-mail _____ Spouse E-mail _____

Employer _____ Spouse Employer _____

I would like to volunteer – please call me.

To better serve our membership, please respond:

- I am a(n): Educator Physician SLP OT Psychologist
 Individual with an ASD Parent Family Member BCBA
 Other _____

Information about person on the spectrum (optional)

First Name: _____ Last Name: _____

Male Female Birth date ___/___/___ Diagnosis _____

How can AUTISM TN better support you? _____

Payment: (Make check payable to: AUTISM TN)
 Membership Fee: \$ _____
 Additional Contribution \$ _____
 Amount Enclosed \$ _____

Mail membership form and payment to:

AUTISM TENNESSEE
 955 Woodland Street
 Nashville, TN 37206

<u>Credit Card Information</u>	
<small>(Credit Cards are also accepted over phone)</small>	
Card Type (Circle): Visa / MC / AMEX / Disc.	
Card Number: _____	
Name on Card: _____	
Expiration Date: ___/___ Sec. Code: _____	
Amount to charge card? \$ _____	
Signature _____	