

Autism Society of Michigan

Providing Hope ~ Making Human Connections ~ Changing Lives

Membership Form



Member Information:

Name(s) _____

Address _____

City _____ State _____ Zip _____

County _____ Email _____

Phone (home) _____ (Other) _____

Occupation _____

Membership Options:

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Individual with Autism | _____ | \$10 |
| <input type="checkbox"/> Full Time Student | _____ | \$10 |
| <input type="checkbox"/> Individual (Parent, Friend, etc.) | _____ | \$20 |
| <input type="checkbox"/> Family | _____ | \$25 |
| <input type="checkbox"/> Professional - Individual | _____ | \$50 |
| <input type="checkbox"/> Agency Affiliation (group of 10) | _____ | \$250 |

Optional:

- Additional Donation: _____

Total: _____

Please make checks payable and mail to:

Autism Society of Michigan

P.O. Box 45

Bannister, MI 48807

Or become an ASM member online at www.autism-mi.org

If you have any questions, please contact us at (517) 882-2800