



MEMBERSHIP FORM

Join with hundreds of individuals with autism, their families and other caring individuals; become a part of a larger community - the Autism Society, Central VA. We can't be heard alone, but with more voices joining daily, that small voice can become a roar. We invite you to become a part of a community of hope.

Membership in the Autism Society, Central VA provides the following benefits:

- ASCV's monthly newsletter, the leading local resource for information regarding local and state autism-related issues, workshops, and community events
- ASCV's weekly e-mail updates
- Access to ASCV lending library
- Free chapter sponsored social/recreational activities; discounted workshops

Membership Levels:

\$5 ~ Self-Advocate (Adult w/ ASD) \$25 ~ Household \$1500 ~ Lifetime

Names(s): _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

E-mail address: _____

(By providing your e-mail, you will receive our weekly e-mail; your e-mail will be kept confidential.)

Additional Donation:

\$25 \$50 \$100 _____ please specify amt.

Payment information:

Check (made payable to **Autism Society**) Visa Mastercard

Name on card: _____ Expiration: _____

Card #: _____

CVV# (security code on back of card) _____

Signature: _____

Please mail or fax w/ payment to:

Autism Society, Central VA

P.O. Box 29364

Richmond, VA 23242 (804) 290-0286 (fax)

For information on joining the Autism Society, National, visit: <http://www.autism-society.org/>