



MEMBERSHIP/DONATION FORM

Your annual membership fee of \$25.00 will help us to operate our programs throughout the year.

Business Name: [text box]

Spouse First Name: [text box]

First Name: [text box]

Spouse Last Name: [text box]

Last Name: [text box]

Please list any other names as part of this membership:

Child's Name: [text box]

Child's Name: [text box]

Child's Name: [text box]

Date Of Birth: [text box]

Date Of Birth: [text box]

Date Of Birth: [text box]

Child's Name: [text box]

Child's Name: [text box]

Child's Name: [text box]

Date Of Birth: [text box]

Date Of Birth: [text box]

Date Of Birth: [text box]

Please enter your address below.

Address: [text box]

State: [text box]

Home Phone: [text box]

City: [text box]

Zip: [text box]

Email: [text box]

I'm interested in volunteering

- Finance & Budget Committee
Recreation & Family Support

- Education & Awareness
Development Committee
Governance Committee

- Grant Committee
Office Help
Events

Additional Contribution: [text box]

TOTAL AMOUNT ENCLOSED: [text box]

MAKE CHECK PAYABLE TO: Autism Society NWPA

1062 Brown Avenue Suite 200B Erie, PA 16502 P.O. Box 3923 Erie, PA 16508-0923

(814) 455-3540 autismsociety@nwpaasa.org www.nwpa-asa.org

Autism Society - Northwestern Pennsylvania is a non-profit organization exempt from Federal tax under section 501c(3) of the Internal Revenue Code.