



## Pima County Chapter Membership Form

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Join ASA and add your voice to the growing number of families and professionals helping those with autism. The bigger our voice, the greater the impact!

**Membership Levels (Check one):**

- |   |   |
|---|---|
| <input type="checkbox"/> \$15 – Student     | <input type="checkbox"/> \$100 – Professional |
| <input type="checkbox"/> \$30 – Individual  | <input type="checkbox"/> \$500 – Agency       |
| <input type="checkbox"/> \$40 – Family      | <input type="checkbox"/> \$1,500 - Life       |
| <input type="checkbox"/> \$50 – Outside USA |   |

**Member Information:**

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

Address \_\_\_\_\_

\_\_\_\_\_

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

Email \_\_\_\_\_

**Payment Information:**

- Cash     Check     Visa     MC     AmEx

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

Card # \_\_\_\_\_

Expiration \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Mail or fax to:**

Autism Society of America  
P.O. Box 96223  
Washington, DC 20090-6223  
Fax: 301-657-0869