

ASGO Gift Membership Application

NAME OF PERSON BUYING MEMBERSHIP: _____

CONTACT # FOR PERSON BUYING MEMBERSHIP: _____

OCCASION FOR PURCHASE (i.e Birthday, Holiday, Thank You, Awareness Month, etc)

NAME OF PERSON MEMBERSHIP IS FOR: _____

ADDRESS OF NEW MEMBER: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

Please check the category which best describes the person you are buying the membership for:

Parent

Individual with autism

Family Member

Service Provider

Medical Professional

Other (describe)

Educator

Name & age of child/adult with autism: _____

Attends school Yes No If yes, what school? _____

Names & Ages of Siblings: _____

 Enclosed is the membership fee of \$25.00 per year

Please contact me about volunteering for the ASGO

Payment:

Check (made payable to the ASGO)

Credit Card (MASTER CARD and VISA only please)

Credit Card # _____ **Expiration:** _____

Signature: _____ **V-Code:** _____ **(3 digit # on back of credit card)**