

ASGO

Membership Application

New member

Renewal

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

Please check the category which best describes you:

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 my membership fee of \$25.00 per year

I would like to make a donation in the amount of \$ _____

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)