

2010

Autism Society Manitoba Membership Application/Renewal

Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

The following information is optional and will be kept confidential. We will use this information to better serve our members and their families in planning events etc.

Age(s) and sex of person (s) with autism _____

Ages and sex of sibling (s) _____

Membership fees: please check one

- Regular Membership - \$25.00
- Contributor - \$50.00 to \$100.00
- Patron – over \$100.00

Membership type: please check one

- Parent/Caregiver _____
- Grandparent/Extended Family _____
- Professional/Organization _____

- Parents/Caregivers of newly diagnosed children receive a complimentary one year membership.**

_____ I / WE would like upcoming events, conferences, workshops etc information emailed to us to save on postage and printing costs.

Please make cheques payable to: **Autism Society Manitoba**
and return this form along with membership fees to:

Autism Society Manitoba
825 Sherbrook Street
Winnipeg, MB R3A 1M5

Signature _____

Date _____

Membership is valid until December 2010.

A membership card will be issued to ensure you qualify for member benefits and discounts