



Membership Application ____ /Renewal____
Jan.1 –Dec.31, 2015

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

The following information is optional and is 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 type: please check one

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

Membership fees: please check one

Regular Membership - \$25.00

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

Date: _____

Signature _____

Donation – If you would like to make a donation to Autism Society Manitoba to support our programs please indicate the amount. A receipt will be issued. \$ _____

. Payments may be made online www.autismmanitoba.com via Pay Pal, Credit card or by cheque (Payable to Autism Society Manitoba)

Visa____ /Mastercard____ # _____

Expiry date _____ Amount: \$____.____

Name on card _____ Signature on card _____

Please return form by mail or email to: Autism Society Manitoba or info@autismmanitoba.com
204-825 Sherbrook St.
Winnipeg, Mb.
R3A 1M5

