



**Autism Society Manitoba**  
**Membership Form January - Dec. 2018**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Ph: \_\_\_\_\_ Email: \_\_\_\_\_

The following information is optional and is kept confidential. This information is used to plan and to better serve our members.

Age(s) and Gender of person(s) with autism \_\_\_\_\_

Age(s) and Gender of sibling(s) \_\_\_\_\_

**Type of Membership:**

Parent/Caregiver \_\_\_\_\_ Grandparent/Extended Family \_\_\_\_\_ Professional/Organization \_\_\_\_\_

**Membership Fee: \$25.00**

**\_\_\_ Parents/caregivers of newly diagnosed family member receive a free one year membership.**

I/We would like newsletters emailed to us to let us know of upcoming events. \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ I would like to make a donation to Autism Society Manitoba. ( receipts will be issued)

Membership payments and donations may be made online at [www.autismmanitoba.com](http://www.autismmanitoba.com) or by

Mailing a cheque to: Autism Society Manitoba 204-825 Sherbrook St. Winnipeg MB R3A 1M5

[www.autismmanitoba.com](http://www.autismmanitoba.com)

[info@autismmanitoba.com](mailto:info@autismmanitoba.com)

Ph: 204-783-9563 (voicemail)