



Autism Society Manitoba
Membership Form January - Dec. 2019

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 or by

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

www.autismmanitoba.com

info@autismmanitoba.com

Ph: 204-783-9563 (voicemail)