

Howard County Autism Society 2009 Membership Application

\$20 Individual/Family \$50 Professional

Name _____

Address _____

City/State/Zip _____

County _____

Phone _____

Email _____

Additional Information (optional and for in-house use only)

Name of Person with ASD _____

Birthdate _____

Current School _____

For Professionals: Title _____

Business Name _____

Yes, I am interested in volunteering. Please contact me about volunteer opportunities with regard to:

- adult issues advocacy
- annual gala autism walk
- conferences events
- public awareness campaigns

PAYMENT INFORMATION:

Check enclosed (payable to HCAS)

MasterCard Visa

Credit Card # _____

Exp _____ 3-digit security code _____

Name on Credit Card _____

Signature _____

THE HOWARD COUNTY AUTISM SOCIETY is a non-profit organization that is tax-exempt as a 501(c)3 charity. Your membership dues and donations support our mission and are tax deductible. THANK YOU FOR YOUR SUPPORT.

RENEW ONLINE

<http://www.howard-autism.org/support/support.php>

OR MAIL TO:

Howard County Autism Society
10280 Old Columbia Road, Suite 215, Columbia, MD 21046