

**Howard County
Autism Society**



AUTISM SOCIETY
Improving the Lives of All Affected by Autism

Combined National/Local Membership

**join the national Autism Society *and at the same time*
you are enrolled in the Howard County Autism Society**

Membership has its privileges: exclusive member-only social events, monthly support group meetings; several local workshops and conferences; a phenomenal speaker lineup; weekly communication with chapter events; a social networking site; the quarterly chapter newsletter, *Perspectives*; and the national Autism Society's quarterly magazine, *Autism Advocate*.

By joining the national organization, you add the strength of your membership to tens of thousands of families across the nation that allows the Autism Society to advocate at a national level. At the same time, you join the local chapter and your support helps us continue to provide advocacy, training, and support to the families of Howard County with someone on the autism spectrum.

Annual combined membership in the national Autism Society *plus* the Howard County Autism Society is \$25.

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 of advocacy and public awareness. All donations are tax deductible.

Join online at www.howard-autism.org.
Or, mail this application form to:
Howard County Autism Society
10280 Old Columbia Road, Suite 215
Columbia, MD 21046

Howard County Autism Society Membership Application

\$25 Household \$75 Champion \$150 Professional

First Name: _____
Last Name: _____
Street 1: _____
Street 2: _____
City: _____
State: _____
Zip: _____
Phone Number: _____
Email: _____

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

Name of person with ASD: _____
Birthdate: _____
School: _____
For professionals: Title: _____
Business Name: _____

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

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Annual gala | <input type="checkbox"/> Social events | <input type="checkbox"/> Conferences |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Annual walk/5k | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Public awareness campaigns | | |

Payment Information:

Cash/Check Visa MasterCard
Credit card #: _____
Exp date: _____ 3-digit security code: _____
Name on card: _____
Signature: _____

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MAIL TO: Howard County Autism Society
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