Contributing Member Form

New Members: Fill out Pages 1-3 to complete your membership.
Returning Members: Fill out Page 1 completely. Fill out Pages 2-3 if you wish to update AANE with new info.

Contact Information
First Name_________________________________ Last Name________________________________
Company/Organization (if applicable)_____________________________________________________________________
Address____________________________________________________________________________________________
City, State, Zip_____________________________________________________________________________________
Phone_________________________________ Email________________________________

Payment Information

Please accept my payment for a(n):

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Individual/Family membership</td>
<td>$60.00</td>
</tr>
<tr>
<td>Professional membership</td>
<td>$100.00</td>
</tr>
<tr>
<td>Donation to AANE*</td>
<td>$____</td>
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Total Enclosed $____

*Donations to AANE are gratefully accepted.

Please recognize my donation in AANE’s annual report  □Yes □No
...and my name should be listed exactly like this: __________________________________________________________

Pay by check: Make check payable to AANE and send to: 51 Water Street, Suite 206, Watertown, MA 02472

Pay by credit card:

Cardholder Name ______________________________________________________________
Cardholder Address ____________________________________________________________
Credit Card # _________________________________________________________________
Exp. Date (MM/YY)_________________________ Security Code________________________
Signature (required) ___________________________________________________________
I am (check all that apply)…

- Adult on autism spectrum
- Parent of Child
- Parent of Teen
- Parent of Adult
- Grandparent
- Partner/Spouse
- Sibling
- Other Family Member
- Parent on autism spectrum
- Latino Family
- Other (please specify)

Networking List / Resource List

**Adults and Parents** can access networking lists through AANE. Names are shared with other AANE members by request only. If you would like to join, please fill out the following.

*I would like to join the following networking list(s):*

- Parent of Child
- Parent of Teen
- Parent of Adult
- Adult

Please include your (if you are an adult on the autism spectrum) or your child’s interest area, if you would like that information shared

_________________________________________

**Family Members** can access our Online Forums. Forums are moderated by AANE staff.

*I would like to join the following online forum(s). Please send an invite to the email(s) provided.*

- Parent of Child
- Parent of Teen
- Parent of Adult
- Partner/Spouse
- Co-Parent with ex-spouse/partner

Email(s) __________________________________________

**Professionals** may list their name or organization as a resource with AANE. To be added to this list, please complete the appropriate form on our website: www.aane.org

How did you hear about us (optional)? Check all that apply.

- Web search
- Family/Friends
- Professional
- Teacher
- Social Media
- Other __________________________
Additional Information: Family Membership

Please list additional family information. Required: Name, contact information, and affiliation (see below). Optional: year of birth, gender, family relationship, and autism spectrum diagnosis.

For affiliations, include all that apply: Adult on the autism spectrum, Parent of Child, Parent of Teen, Parent of Adult, Other Family Member, Partner/Spouse, Latino Family, Sibling, Grandparent, Parent on the autism spectrum, Other (please specify)

You may write this information on a separate sheet of paper if you wish to have more room.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
<th>Affiliation</th>
<th>YOB, gender, family relationship, autism spectrum?</th>
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Additional Information: Professional Membership

Company (if applicable) ____________________________________________________________

Degree (if applicable) ___________________________________________________________

Please tell us about your work __________________________________________________

_____________________________________________________________________________

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Thank you for becoming a Contributing Member!