

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):

| | |
|------------------------------|-----------------|
| Individual/Family membership | \$60.00 |
| Professional membership | \$100.00 |
| Donation to AANE* | \$ _____ |
| 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)...

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult on autism spectrum | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent on autism spectrum |
| <input type="checkbox"/> Parent of Child | <input type="checkbox"/> Partner/Spouse | <input type="checkbox"/> Latino Family |
| <input type="checkbox"/> Parent of Teen | <input type="checkbox"/> Sibling | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Parent of Adult | <input type="checkbox"/> Other Family Member | _____ |

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.

| | Name | Phone | Email | Affiliation | YOB, gender, family relationship, autism spectrum? |
|----|------|-------|-------|-------------|--|
| #1 | | | | | |
| #2 | | | | | |
| #3 | | | | | |
| #4 | | | | | |

Additional Information: Professional Membership

Company (if applicable) _____

Degree (if applicable) _____

Please tell us about your work _____

Thank you for becoming a Contributing Member!