

ASA Membership Categories and Annual Dues

- .. Greater Philadelphia Chapter* \$ 10.00
- .. National Society \$ _____
 - .. Individual \$30.00
 - .. Family \$40.00
 - .. Student \$15.00 (with copy of Student ID)
 - .. Agency \$500.00
 - .. Foreign \$50.00
- .. Donation (Tax Deductible) \$ _____
- .. Other** (See Below) \$ _____

TOTAL: \$ _____
 (Make Check Payable to **ASA, Greater Phila. Chapter.**)

.. **Already a Member of National Society**
 (Please check if you are an ASA National Society Member, but didn't include the dues herein.)

Membership Notes

- Please allow 4 to 6 weeks for processing. Thanks!
- All categories in the National Society include a subscription to The Advocate, (5 issues per year).
- Local Chapter dues are NOT included in National dues and no portion of your National dues returns to our chapter. **Please remember your local membership!**
- Voting membership in the Local chapter requires membership in the National Society. It is permissible to be a local chapter subscriber with out joining National, but you would not have voting privileges under National ASA's by-laws. A subscription-only status still brings you our chapter NEWSLETTER, all other mailings, and invitations and discounts to events (where applicable).
- * .. I would like to be a chapter member, but I am unable to pay dues at this time.
- ** For additional Dues payment, Members can designate an additional recipient (a pediatrician, teacher, etc.) to receive the NEWSLETTER. Fill in name/address below.

Send EXTRA Chapter NEWSLETTER:

.. I contributed an extra dues payment of \$10.00.
 Please send a copy of the NEWSLETTER to:

Member Information

(Please Print or Type)

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

County _____

Phone () _____ (Home)

Phone () _____ (Work)

E-Mail _____

(Notification of receipt will be sent by email.)

- .. New Membership .. Renewal Membership
- Yes, Include me on the Chapter E-mail List.
- .. I am interested in volunteering to help with chapter events. Please contact me ___phone ___email.

Member's Relation to Autism Community

- .. Parent
- .. Family Member
- .. Citizen with Autism
- .. Educator (Level: _____)
- .. Service Provider (Type: _____)
- .. Medical Professional
- .. Other (_____)
- .. Birthdate of Autistic Family Member(s): _____

Local Support Groups

- .. I would like \$1.00 of the Local Chapter Membership dues to be contributed to one of the following Philadelphia area parent support groups:
 - .. Northeast Philadelphia
 - .. Upper Bucks County
 - .. Lower Bucks County (Sharing and Caring)
 - .. Delaware County Family Network
 - .. Chester County
 - .. Montgomery County (North Penn)
 - .. Montgomery County (Collegeville)
 - .. Montgomery County (Whitemarsh)
 - .. Other _____ (Specify)

Send Completed Form To:

Anna Filmyer, Chapter Membership
 ASA, Greater Philadelphia Chapter
 325 Tyson Avenue
 Glenside, PA 19038-3120