

ASA Membership Categories and Annual Dues

- Greater Philadelphia Chapter **ONLY** \$ 10.00
- National Society and Chapter \$ _____
 Individual or Family \$25.00
- Donation (Tax Deductible) \$ _____
- Extra Dues** (See Below) \$ _____

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

Already a Member of National Society
 (Please check if you have already paid ASA National Society dues directly.)

Membership Notes

- Please allow 4 to 6 weeks for processing. Thanks!
 - All categories in the National Society include a subscription to The Advocate, (4 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 Local Dues (\$10), a Members can designate an additional recipient (a pediatrician, teacher, family member etc.) to receive the NEWSLETTER and other information. 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:
- _____
- _____
- _____

Visit us at our website: www.ASAPhilly.org
United Way SEPA Donor Option #00601

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

Member's Relation to Autism Community

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

I am interested in volunteering to help with chapter events. Please contact me ___phone ___email

- Helping with workshop or conference planning
- Helping with Puzzle Ribbon Campaign
- Helping with Annual Autism Awareness Day at Zoo
- Interested in serving on Volunteer Board
- Helping with Sensory Movies
- Helping with various Autism Awareness events throughout the year.

Send Completed Form To:

Anna Filmyer, Chapter Membership
 ASA, Greater Philadelphia Chapter
 325 N. Tyson Avenue
 Glenside, PA 19038-3120
 Phone: (215) 884-0844

