

## ASA Chapter Annual Dues

- Chapter \$10.00  
For National Membership dues please go to the  
ASA Website [www.autism-society.org](http://www.autism-society.org)
- 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!
- **Please note the Chapter is no longer able to process National ASA dues. To become a National ASA member please go the website of [www.autism-society.org](http://www.autism-society.org). 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 NEWSLETTERS to:

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Visit us at our website: [www.ASAPhilly.org](http://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

