

Autism Society of America Central Virginia Chapter

APPLICATION FOR MEMBERSHIP-REGISTRATION OF CONTRIBUTION

Name(s):			
Street Address:			
City:	State:	Zip:	
County of Residence:			
Email Address:			
Home Phone:	Work Phone:		
Relationship:	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Provider <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other: _ _____		

* Individual with autism's name:			
Birth Year:			
School:			

** This information is confidential. In order to advocate for our members, it is important to know the ages of the individuals.*

Category	Dues	Amount
Membership	\$20.00	\$ _____
Contributions	Any Amount	\$ _____
TOTAL		\$ _____

Type of Credit Card	Credit Card Number	Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		

The Autism Society of Central Virginia (ASA-CV) is an affiliate of the Autism Society of America (ASA). If you would like to join or renew with the national ASA the form is available at: <http://www.autism-society.org>. Please also consider making a tax-deductible contribution to the ASA-CV.
Thank you!

Please return this form with your check payable to:

ASA Central VA Chapter
P.O. Box 29364
Richmond, VA 23242-0364