



MEMBERSHIP INFORMATION

As a paid member of the Macomb/St Clair County Chapter – Autism Society you shall receive:

- 1) Notice of all Chapter sponsored events mailed to your home
- 2) MSCCC/AS newsletter-- "Autism Awareness Update"
- 3) Discounts on Private Movie Showings, Swim Outings and other Chapter events
- 4) Discounts on Halloween and Christmas Parties - Lunch, goodie bags and entertainment provided
- 5) Annual Family Enrichment Camp- a weekend camp for those affected by autism and their immediate families
- 6) Sibling Night Out-a special night for siblings of those with autism to learn about autism and discuss their feelings
- 7) Greater amount for Parent Assistance Grant to assist with therapy for their children

The mission of the Macomb/St. Clair County Chapter- Autism Society to enhance the lives of persons and families affected by autism. To accomplish this, resources will be used to promote awareness.

Application for Membership

Name _____

Address _____

City, State, Zip _____

E-Mail Address _____

Phone () _____ Interest: Parent () Relative () Other ()

Occupation _____ Occupation _____

New Membership () Annual Renewal ()

Membership Category:

| | Total Fee |
|---|------------------|
| Newsletter (MSCCC/AS newsletter <u>only</u> , no membership discounts) | \$10.00___ |
| Household Membership (includes newsletter) (Household includes: up to 2 Adults & all children in household only) | \$25.00___ |

Please make Checks Payable to: MSCCC/AS

Mail Check and Form to:
MSCCC/AS
P.O. Box 182186
Shelby Township, MI 48318-2186
586-445-4915 (new number)

Pictures may be taken at Macomb/St Clair County Chapter events. The pictures may be used in the future for autism awareness (web site, brochures, etc.). Your signature here only means that we have your permission to use any pictures taken of your children and/or family for autism awareness.

Signature _____

To help us serve the needs of families better, please provide the Chapter with the following information:

Child's name affected with autism_____

Age_____ Sex_____

Child's name affected with autism_____

Age_____ Sex_____

Siblings (name, age, sex):

1. _____

2. _____

3. _____

4. _____

Please let us know what information or help you currently need:

Please let us know if you would like to help the Chapter in anyway. (Making awareness ribbons, phone calls, passing out info packets, etc.)

Do you have an idea that the chapter could consider doing in the future?
