



MEMBERSHIP INFORMATION

As a paid member of the Macomb/St Clair County Chapter - ASA you shall receive:

- 1) Membership in Autism Society of America
- 2) Reimbursement up to \$50 per member for an ASM or ASA sponsored workshop or conference according to current policies
- 3) Discount for ASA national conferences
- 4) Notice of all Chapter sponsored events mailed to your home.
- 5) MSCCC/ASA newsletter-- "Autism Awareness Update" and the national newsletter--"Advocate"
- 6) Informative bulletins on legislative issues and governmental issues
- 7) Discounts on Private Movie Showings and other Chapter events
- 8) Discounts on Halloween and Christmas Parties - Lunch, goodie bags and entertainment provided
- 9) Annual Family Enrichment Camp- a weekend camp for those affected by autism and their immediate families
- 10) Sibling Night Out-a special night for siblings of those with autism to learn about autism and discuss their feelings

The mission of the Macomb/St. Clair County Chapter of the Autism Society of America is 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/ASA newsletter only, no membership discounts)	\$10.00__

The below membership rates are for MSCCC/ASA and Autism Society of America dues only. If you wish to maintain a membership in the Michigan state chapter please download an ASM membership application at www.autism-michigan.org

Full Time Student (just the student gets discount)	\$20.00__
Individual (Parent) (one adult and all children get discount)	\$37.00__
Family (2 Adults and all children get discount)	\$50.00__

Please make Checks Payable to: MSCCC/ASA

Mail Check and Form to:

MSCCC/ASA
P.O. Box 182186
Shelby Township, MI 48318-2186

Pictures may be taken at Macomb/St Clair County Chapter ASA 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?
