

Please complete the information in the boxes below.

**CONTACT AND PAYMENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Allergies/Health Concerns: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Email newsletters are sent approximately once per month to keep you updated on events and news. We do not sell or share your contact information.

Yes, I want to receive text messages and reminders  (Check box if you DO NOT want to receive weekly email updates)

\$ \_\_\_\_\_ Membership Fees

\$ \_\_\_\_\_ Optional Donation

\$ \_\_\_\_\_ TOTAL

- Cash
- Check enclosed ( payable to Autism United of Wisconsin )
- Credit Card
- IRIS/Family Care (Additional Information Required)

Card#

MC  VISA

Name on Card: \_\_\_\_\_

Exp. Date (MM/YR) \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

PERSON RECEIVING IRIS/Family Care

Name \_\_\_\_\_

Date of Birth(Day/Month/Year) \_\_\_\_\_

**COUNTY CONTACT**

Name \_\_\_\_\_

Email \_\_\_\_\_

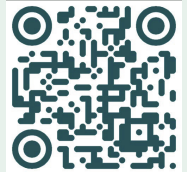
Phone \_\_\_\_\_

**ADULTS ON THE SPECTRUM MEMBERSHIP INFORMATION**

NAME	Date of Birth mm/dd/yy	This member is... P (parent/caregiver) A (on the spectrum) N (other special need) S (sibling) F (friend/family) X (other/choose not to specify)	OPTIONAL Race/Ethnicity of member is... AF (African American/Black) AS (Asian or Pacific Islander) LA (Latino/Hispanic) NA (Native American) CA Caucasian/White) O (Other) X Choose not to answer)
APPLICANT			

Please mail membership form, fees and donations to:  
Autism United of Wisconsin  
3720 N. 124th Street, Suite O  
Wauwatosa, WI 53222

Scan the QR code with your phone camera if you prefer to complete this form digitally.



For further information, please phone (414)988-1260 or email [info@autism-united.org](mailto:info@autism-united.org)  
Memberships are renewable annually in your anniversary month.

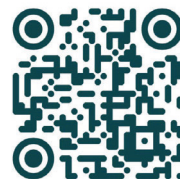
# Become a Member!



Our mission is to improve the lives of all affected by Autism. By becoming a member, you help support this mission and a world of benefits opens up to you. We keep you informed with regular communications and updates and provide a network of support so that you never feel alone.

Beome a member today!

Scan the QR code with your phone camera to link to our membership application.



## These are just some of our amazing member benefits:

For the cost of a \$20 annual Adults on the Spectrum membership, Autism United of Wisconsin members receive substantial discounts on many of the 20+ events held in a typical year as well as discounts on a selection of other conferences and programs. Members also receive exclusive access to our Lending Library--one of the largest Autism-related resource libraries in the state. It offers a host of materials, including books, audio recordings, DVDs, research information, and conference materials.



## Request a New to Autism Kit

Interested in a FREE New to Autism Kit?  
Please complete the form on the [autism-united.org/recently-diagnosed](https://autism-united.org/recently-diagnosed) page of our website to request your kit today

