

Family memberships allow you to add up to five members per household.
Please complete the information in the boxes below for each family member included on this membership.
*NOTE: The last column is OPTIONAL but will help us in program development and in acquiring grants.

CONTACT AND PAYMENT INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Phone: (_____) _____
 Email: _____

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
 Waiver (Additional Information Required)

Card#

MC VISA

Name on Card: _____

Exp. Date (MM/YR) _____ / _____ CVV _____

Signature: _____

PERSON RECEIVING WAIVER

Name _____

Date of Birth(Day/Month/Year) _____

COUNTY CONTACT

Name _____

Email _____

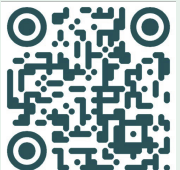
Phone _____

INDIVIDUAL/FAMILY MEMBERSHIP INFORMATION

NAME	Birth Month and Year of applicant and each member	This family 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 family 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			
1. ADDITIONAL MEMBER			
2. ADDITIONAL MEMBER			
3. ADDITIONAL MEMBER			
4. ADDITIONAL MEMBER			
5. ADDITIONAL MEMBER			

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
 Memberships are renewable annually in your anniversary month.

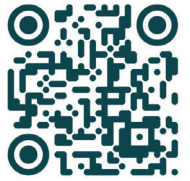
Become a Member!



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 \$40 annual family 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 page of our website to request your kit today

