



# Membership Application

New  Renewal \_\_\_\_\_  
Membership # \_\_\_\_\_

## I am applying as a:

- Parent, Guardian  Person with ASD
- Relative  Professional, Researcher
- Supporter  Group, Agency

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

Organization (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

This is a gift, please send to:

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

Organization (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Gift on behalf of: \_\_\_\_\_

**Support options and memberships are not eligible for charitable tax receipts. Tax receipts will be issued for donations of \$20.00 or more.**

## Full Membership

(voting privileges)

- Individual or Family  \$50
- Professional or Researcher  \$90

- Individual or Family  \$500 - Lifetime (one time)
- Individual or Family  \$500 - Lifetime\* (installments)
- Group or Agency  \$250 \*\*

Chapter \_\_\_\_\_  
Chapter Name

OR

Member at Large (no chapter affiliation)

Gift of Autism Matters  \$10\*\*\* Friend  \$25\*\*\*\*

\* Installment payments: \$50 per month X 10 months, by post-dated cheques or pre-authorized credit card payments

\*\* Includes one voting member; 3 copies of each *Autism Matters* issue, and opportunities for up to 3 to attend Autism Ontario events at preferred rates.

\*\*\* Includes one copy of *Autism Matters* issue, and acknowledgement of contribution.  
\*\*\*\* Includes one-year subscription of *Autism Matters* (4 issues each year).

## I would also like to make a donation of:

\$35  \$50  \$100  \$200  \$: \_\_\_\_\_

To:  Provincial Office  My Chapter (as above)

Total payable (support/membership + donation) \$ \_\_\_\_\_

VISA  MASTERCARD  Cheque

Please make cheques payable to: *Autism Ontario*

Card #: \_\_\_\_\_

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

Expiry Date: \_\_\_\_\_

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

## Mail this form to:

Autism Ontario  
1179A King Street West  
Suite 004  
Toronto, ON M6K 3C5  
Phone: (416) 246-9592

## Fax this form (credit card only) to:

(416) 246-9417