



MEMBERSHIP/DONATION FORM

Join your local ASA/Southeast Wayne County Chapter and add your voice to the growing number of families and professionals helping those with autism.

You can help solve the puzzle of Autism!

Membership Levels:

\$15 Individual \$20 Family New Please Renew my membership

Donation Levels: \$15 \$25 \$50 \$100 \$500 \$1,000 other _____

Membership Amount: _____

*Donation Amount: _____

Total Amount: _____

Name (s) _____

Address: _____

City _____ State _____ Zip code: _____

Email address: _____

Please mail to:

ASA/SE-WCC

Co/Cecelia Hammond

PO Box 1403 / Taylor, MI 48180

Please note: Membership in ASA/Southeast Wayne County Chapter does not include membership in ASA. You must be a member of both to be a member in good standing with voting privileges. *Your donation is tax deductible to the extent allowable under the law. Thank you for your support! Source Code: B Appeal Code, ABRO