



ASPERGER'S ASSOCIATION OF NEW ENGLAND

85 Main Street, Suite 101 • Watertown, MA 02472 • P: (617) 393-3824 • F: (617) 393-3827 • info@aane.org • www.aane.org

AANE MEMBERSHIP FORM FOR EDUCATORS AND OTHER PROFESSIONALS

Enclosed please find my

- Dues for educator or other professional (check one below) \$ _____
 - 1 year: \$45
 - 2 yrs: \$85
 - 3 yrs: \$125
- Donation* (see below) \$ _____

Total Enclosed (Donations and dues are tax deductible) \$ _____

Checks should be made out to AANE, 85 Main Street, Suite 101, Watertown MA 02472

Title _____ Name _____ Degrees _____

Organization/Program/School _____

Mailing Address _____

_____ Zip _____

Phone _____ Email _____

Home Address/phone/email (if different from above):

Address _____

_____ Zip _____

Phone _____ Email _____

*Would you like us to list your donation in our next newsletter? yes no

If you would, what name should we list (or in whose memory)?

Are you connected in any way or do you know any foundation, corporation, business, friend or relative who might donate money to the organization? yes no

When making the request, can we use your name? yes no

Name of organization/person _____

Address _____

Phone _____

Please help us to update our database by completing the following information.

Profession _____

I work with (check all that apply):

- Children
- Adults
- Adolescents
- Families
- Other

Please send me the booklet *Living, Loving, and Working: Life Issues, Solutions, and Resources for Adults with AS.*

Please send me the article *So You Want to Go to College.*

(Continue to second page.)

Part II –Optional for those professionals who want to be considered an AANE Resource.

- Check here and complete if you would your name or organization to be given as a referral to people who call AANE. Please complete the following information:

Please tell us a bit about your program, organization or service or enclose a brochure.

Payment options for patients/clients/consumers _____

Your degree _____

- Check here if you offer a social skills group and would like to be on our list of Social Skills Groups.

Information about social skills group (e.g. age range, summer, year round) _____

Please provide the names of two people who would be willing to be called as references. This could include a professional colleague, the parent of a child with Asperger's, an adult with AS, etc.

Name: _____ Phone number: _____

Name: _____ Phone number: _____