



ASPERGER'S ASSOCIATION OF NEW ENGLAND

51 Water Street, Suite 206 • Watertown, MA 02472 • P: (617) 393-3824 • F: (617) 393-3827 • info@aane.org • www.aane.org

MEMBERSHIP FORM FOR INDIVIDUALS AND FAMILIES

Name _____

Address _____

Phone _____

Email _____

Members who provide an email address will receive instructions on how to download your AANE Information Packet.

If we do not have your email address, the packet will be mailed. Please allow up to 4 weeks for delivery.

If you join or renew your AANE membership online at www.aane.org, you can download your information packet immediately.

Please indicate if you are:

- Parent of Child
- Parent of Teen
- Parent of Adult
- Adult with AS
- Grandparent
- Sibling
- Spouse/Partner of Someone with AS
- Other _____

Please list gender, date of birth, and diagnosis of each person in your family with Asperger Syndrome or related condition:

Please indicate how you would like to receive the *AANE Journal*: Electronically by email Hard copy by U.S. Mail

Please add my name, town, phone number, email, interest, and age of the person with AS to the **Family Networking List**, which is available for parent/adult AANE members by request. Interest(s) of person with AS: _____

Please add me to the appropriate AANE Online Support Group: Parents of Children Parents of Teens
 Parents of Adults Grandparents Spouse/Partner of Someone with AS Co-parent with an ex-Spouse/Partner with AS

I am available to volunteer at AANE. Hours per week _____ Expertise _____

How did you hear about AANE? _____

Are you connected in any way or do you know of any foundation, corporation, business, friend, or relative who might donate money to AANE? Yes No When making this request, can we use your name? Yes No

Name of organization _____

Contact person & title _____

Address _____

Phone _____ Email _____

FEES & PAYMENT

Individual or Family: \$50/year \$90 - 2 years \$135 - 3 years \$ _____
(non-professional/educator)

***Sponsor** *(one-year membership for an adult with AS or a family in need - optional)* \$50 \$ _____

***Additional donation** *(optional)* \$ _____

**All donations to AANE are tax deductible.*

*Please check if you **do not** wish to be listed as a donor in the next AANE Journal.*

Total enclosed: \$ _____

Payment by: Check *(payable to AANE)* Credit Card: VISA MC AMEX

Credit Card # _____ **Expiration Date** _____

Card holder's name appearing on card: _____

Address, if different from above: _____

THANK YOU FOR YOUR MEMBERSHIP AND SUPPORT!

REV. 11/11