



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 EDUCATORS, PROFESSIONALS, AND ORGANIZATIONS

Name _____ Degree(s)/Title _____

School/Organization _____

Address Home Work _____

City/State/ZIP _____

Phone _____ Home Cell Work Phone _____

Personal Email _____ Work 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 packet immediately.

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

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

If you would like to schedule an in-service training with AANE staff, please call Robin Lurie-Meyerkopf at (617) 393-3824, x11

If you would like information on marketing your services to the AANE community, please go to www.aane.org, *Make A Difference*, "Marketing/Advertising Opportunities."

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

Educator/Professional: \$75/year \$140 - 2 years \$200 - 3 years \$ _____

Organizational (includes everyone at your address): \$75/year \$140 - 2 years \$200 - 3 years \$ _____

*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 as it appears on card: _____

Address, if different from above: _____

THANK YOU FOR YOUR MEMBERSHIP AND SUPPORT!

If you would like to be listed as resource for AANE members, please complete the other side of this form or submit your information online at www.aane.org, under Articles & Resources, "Submit a Resource."



TELL US ABOUT YOUR SERVICES

- Check here and complete the requested information below if you would like your name or school/organization to be given as a referral or resource to people who call AANE.

Type of services provided: _____

Population/age range served: _____

Brief description of services: _____

Payment options for patients/clients: _____

- Check here if you run social skills groups and would like to be listed in the “Non-AANE Social Skills Groups” database on AANE’s website.

Brief description about your group(s), including geographic area served, age range, gender, summer, year-round, and other pertinent information:

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 AS, an adult with AS, etc.

Name: _____ Phone # _____

Name: _____ Phone # _____

THANK YOU