



Return to AANE, 51 Water St. Watertown, MA 02472

Membership and Membership Renewal Form for Individuals or Families

Please Check: New Membership Renewal

Person #1 First Name _____ Last Name _____

Address _____

City _____ Zip _____ State _____

Primary Phone Number _____ cell landline work

Secondary Phone Number _____ cell landline work

Email _____

I am (check all that apply): Adult with an Asperger profile Parent of child Parent of teen Parent of adult Other family member Partner/Spouse Latino Family Sibling Grandparent Parent with an Asperger profile Other (please specify) _____

Person #2 in same household First Name _____ Last Name _____

Primary Phone _____ cell landline work

Secondary Phone _____ cell landline work

Email _____

Adult with an Asperger profile Parent of child Parent of teen Parent of adult Other family member Partner/Spouse Latino Family Sibling Grandparent Parent with an Asperger profile Other (please specify) _____

Please list people in your family, including age, gender, family relationship, and whether they have been diagnosed with ASD (optional).

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list family member with ASD not living in your home (optional). (Please include their name & address)

_____	_____	_____
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Please add my name to the Networking list. Names are shared with other AANE members by request only. If yes, which list would you like to join? Parent of child Parent of teen Parent of adult Adult Please include your (if you are an adult with AS) or your child's interest area if you would like that information shared _____

I would like to join an online forum. Please indicate which forum you would like to join. An email invite will be sent to the email provided below.

- Parent of child Parent of teen Parent of adult Sibling Partner/Spouse
 Co-Parent with ex-spouse/partner

Email _____

How did you hear about us?

- Web search Professional Teacher Book/Media Social Media Family/Friends
 Other _____

I Would you like to be contacted by a staff member about your situation? Yes No

Membership fee & payment

I would like:

One year family/individual membership \$50 \$_____

Two year family/individual membership \$90 \$_____

Three year family/individual membership \$135 \$_____

Additional donations to AANE gratefully accepted! * \$_____

Total enclosed \$_____

*Would you like to be listed as an AANE donor yes no

How would you like the listing to read? _____

Pay by check

Checks should be payable to AANE and sent to 51 Water Street, Watertown, MA 02472

Pay by credit card

Amount \$_____

Credit card number _____ Security Code _____ Exp. date _____

Cardholder's name as it appears on the card: _____

Cardholder's address _____

Thank you for becoming a member!