



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

Membership and Membership Renewal Form for Educators, other Professionals & Organizations

Please Check: New Membership Renewal

Company (if applicable) _____

Name _____ Degree _____

Address _____

Address 2 _____

City _____ Zip _____ State _____ Country _____

Is this your home or work address?

Primary Phone Number _____ cell landline work

Secondary Phone Number _____ cell landline work

Email _____

I am also (check all that apply): Adult with 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) _____

If applicable:

Person #2 in organization _____ Degree _____

Primary Phone _____ cell landline work

Email _____

Person #3 in organization _____

Primary Phone _____ cell landline work

Email _____

Person #4 in organization _____ Degree _____

Primary Phone _____ cell landline work

Email _____

How did you hear about us?

Web search Professional Teacher Social Media Friends/Family Other _____

Would you like to be contacted by a staff member about your situation?

Please tell us about your work _____

If you would like AANE to give your name or organization as a resource please complete the appropriate form on our website.

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Membership fee & payment

I would like:

One year professional membership \$75 \$_____

One year organizational/school membership \$150 \$_____

(Includes everyone in in your organization or school)

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!