

# Contributing Member Form

**New Members:** Fill out Pages 1-3 to complete your membership.

**Returning Members:** Fill out Page 1 completely. Fill out Pages 2-3 if you wish to update AANE with new info.

## Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company/Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Payment Information

Please accept my payment for a(n):

|                              |                 |
|------------------------------|-----------------|
| Individual/Family membership | \$60.00         |
| Professional membership      | \$100.00        |
| Donation to AANE*            | \$ _____        |
| <b>Total Enclosed</b>        | <b>\$ _____</b> |

\*Donations to AANE are gratefully accepted.

Please recognize my donation in AANE's annual report    Yes    No

...and my name should be listed exactly like this: \_\_\_\_\_

**Pay by check:** Make check payable to AANE and send to: 85 Main Street, Suite 3, Watertown, MA 02472

### Pay by credit card:

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date (MM/YY) \_\_\_\_\_ Security Code \_\_\_\_\_

Signature (required) \_\_\_\_\_

**I am (check all that apply)...**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult on autism spectrum | <input type="checkbox"/> Grandparent         | <input type="checkbox"/> Parent on autism spectrum |
| <input type="checkbox"/> Parent of Child          | <input type="checkbox"/> Partner/Spouse      | <input type="checkbox"/> Latino Family             |
| <input type="checkbox"/> Parent of Teen           | <input type="checkbox"/> Sibling             | <input type="checkbox"/> Other (please specify)    |
| <input type="checkbox"/> Parent of Adult          | <input type="checkbox"/> Other Family Member | _____  |

**Networking List / Resource List**

**Adults and Parents** can access networking lists through AANE. Names are shared with other AANE members by request only. If you would like to join, please fill out the following.

*I would like to join the following networking list(s):*

- Parent of Child     Parent of Teen     Parent of Adult     Adult

Please include your (if you are an adult on the autism spectrum) or your child's interest area, if you would like that information shared

\_\_\_\_\_

**Family Members** can access our Online Forums. Forums are moderated by AANE staff.

*I would like to join the following online forum(s). Please send an invite to the email(s) provided.*

- Parent of Child     Parent of Teen     Parent of Adult     Partner/Spouse
- Co-Parent with ex-spouse/partner

Email(s) \_\_\_\_\_

**Professionals** may list their name or organization as a resource with AANE. To be added to this list, please complete the appropriate form on our website: [www.aane.org](http://www.aane.org)

**How did you hear about us (optional)? Check all that apply.**

- Web search     Family/Friends     Professional     Teacher     Social Media
- Other \_\_\_\_\_

**Additional Information: Family Membership**

Please list additional family information. Required: Name, contact information, and affiliation (see below).  
Optional: year of birth, gender, family relationship, and autism spectrum diagnosis.

For affiliations, include all that apply: Adult on the autism spectrum, Parent of Child, Parent of Teen, Parent of Adult, Other Family Member, Partner/Spouse, Latino Family, Sibling, Grandparent, Parent on the autism spectrum, Other (please specify)

You may write this information on a separate sheet of paper if you wish to have more room.

|    | Name | Phone | Email | Affiliation | YOB, gender, family relationship, autism spectrum? |
|----|------|-------|-------|-------------|--|
| #1 |      |       |       |             |  |
| #2 |      |       |       |             |  |
| #3 |      |       |       |             |  |
| #4 |      |       |       |             |  |

**Additional Information: Professional Membership**

Company (if applicable) \_\_\_\_\_

Degree (if applicable) \_\_\_\_\_

Please tell us about your work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for becoming a Contributing Member!