



ASPERGER'S ASSOCIATION OF NEW ENGLAND

85 Main Street, Suite 101 • Watertown, MA 02472 • P: (617) 393-3824 • F: (617) 393-3827 • info@aane.org • www.aane.org

AANE MEMBERSHIP FORM FOR INDIVIDUALS AND FAMILIES

- Membership Renewal
- New Membership

Household information: Please include/update information as needed:

Title _____ Name _____ Email _____

Phone _____ cell work home

Title _____ Name _____ Email _____

Phone _____ cell work home

Title _____ Name _____ Email _____

Phone _____ cell work home

Address _____

Zip _____

*Would you like us to list your donation in our next newsletter? yes no

If you would, what name should we list (or in whose memory)?

Please help us update our database by telling us: Number of people in your family: _____

Please list gender and date of birth of each person in your family with Asperger's:

Please email me future mailings regarding events for:

- parents of children with AS
- teens with AS
- adults with AS
- siblings of persons with AS

Please add me to the appropriate AANE Google On-line Group

- Parents of Children
- Parents of Teens
- Parents of Adults
- Spouse of someone with AS

I give AANE permission to give my name, phone number, special interest, DOB of person with AS, email address and town on the Family Networking List. AANE makes this list available to parents and adults so that they can contact each other.

Please list interests of those with AS on the Networking List:

Interests of person #1 _____

Interests of person #2 _____

I may want to volunteer some time to the organization. Please call me. (If you have a special skill or interest, please tell us about it on the back of the form.)

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 the organization? yes no

When making the request, can we use your name? yes no

Name of organization: _____

Contact person with title: _____

Address _____

_____ Zip _____

Phone _____ Email _____

Payment

Enclosed please find my

Dues for individual or family (check one below) \$ _____

1 year: \$35 2 yrs: \$65 3 yrs: \$95

Donation* (see below) \$ _____

Total Enclosed (Donations are tax deductible) \$ _____

Please make checks out to AANE, and send to AANE, 85 Main Street, Suite 101, Watertown MA 02472

I prefer to pay by: MasterCard Visa American Express

Credit Card number _____ Expiration Date _____/_____/_____

Name as it appears on card _____

Card billing address:

_____ Zip _____

Thank you for becoming an AANE member

Membership entitles you to receive an AANE Information Packet. Members who provide an email address will receive instructions on how to immediately download this packet. If we do not have your email address, the packet will be mailed to you; please allow up to 4 weeks to receive it by mail.

Donations to AANE are tax deductible.

Thank you for supporting AANE