

Please print this form, complete and deliver to:

1179A King Street West, Suite 004
Toronto, ON
M6K 3C5

Charitable Registration Number: 11924 8789 RR0001

MEMBERSHIP FORM

"Our mission is to work together to improve the quality of life for persons with autism and pervasive developmental disorders and their families, and to ensure that those with these disorders live with dignity within their own communities."

New Renewal

Membership in Autism Society Ontario includes membership in your local Chapter and Autism Society Canada.

- Parent/Guardian
- Relative
- Supporter
- Person with autism/PDD
- Professional/Agency

Name: _____
Address: _____
City: _____
Postal Code: _____
Home Telephone: _____
Business Telephone: _____
Fax: _____
E-Mail: _____

Membership Fees:
Individual or Family \$30.00 one voting member and Newslink
Senior/Student \$10.00 and Newslink
Professional/Agency \$50.00 one vote (3 Newslinks each issue)

"Newslink" is the official ASO quarterly newsletter.

Chapter Area: _____

I would also like to make a donation of:
 \$35 \$50 \$100 I prefer to give: \$ _____
TOTAL payable (membership + donation) = \$ _____

I wish to pay by:
 cheque made payable to Autism Society Ontario
 VISA/Mastercard #: _____
Expiry Date: _____

Signature: _____

Tax Receipts will be issued for memberships and donations.