



# AuSM Advocacy Committee Volunteer Form

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Legislative District: \_\_\_\_\_

*(If you don't know your district, just fill in address including zip code and we will provide that information for you. This information is critical because legislators pay attention to their constituents.)*

**Are you a family member of a person with autism or do you have a diagnosis of autism yourself?**

\_\_\_\_\_

*(This information is relevant because policymakers want to hear from those directly impacted by issues related to autism.)*

**Please indicate your area(s) of interest from the list below:**

- Education
- Transition
- Employment
- Housing
- Early Intervention
- Human services
- Improved Quality of Services
- Other: \_\_\_\_\_

**Availability for meetings or phone calls:**

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- Weekends

**Please check if you'd like to be added to our e-mail list to receive alerts about urgent policy issues. (AuSM does not share or sell our lists.)**