

I want to become an  
**AuSM**  
**MEMBER!**

# AuSM Membership Form

2380 Wycliff St. #102  
St. Paul, MN 55114  
651.647.1083 • [info@ausm.org](mailto:info@ausm.org)  
[www.ausm.org](http://www.ausm.org)

Send or fax completed form  
with payment to AuSM or join  
online at [www.ausm.org](http://www.ausm.org).  
AuSM Fax: 651.642.1230

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

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

### AuSM Membership Status

- New Member
- Renewing Member

### Please check category that best describes you:

- Parent
- Family Member
- Service Provider
- Individual with Autism
- Educator
- Medical Professional
- Other

### Membership Category (Please select one)

- Household: \$60 (includes 2 adults and children or grandchildren under 21)
- Educator/Professional: \$40 (individual autism professionals)
- Person with ASD: \$20 (individual adults over 21 with ASD)
- Non-Profit: \$150 (includes memberships for employees)
- Corporate: \$350 (includes memberships for employees)

In order to better meet your Household Membership needs,  
please indicate the age(s) of the individual(s) with ASD.

\_\_\_\_\_

Please let us know how you heard about AuSM. \_\_\_\_\_

### Form of Payment (Payable to AuSM)

Payment Total \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card:  Visa  MasterCard  Discover

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CVV \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

### Please select your ethnicity.

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic or Latino
- Hmong
- Native American or American Indian
- Somali
- Other \_\_\_\_\_
- Prefer not to answer

### Please select your gender.

- Female
- Male
- Other \_\_\_\_\_
- Prefer not to answer

### Household annual income.

- Less than \$10,000
- \$10,000-\$30,000
- \$30,000-\$50,000
- \$50,000-\$90,000
- \$90,000-\$150,000
- \$150,000+
- Prefer not to answer