



Autism Society of Dallas

10503 Metric Dr.
Dallas, TX 75243

Membership Application

Name: _____

Address: _____

City: _____

State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail: _____

Membership Level:

_____ Individual (One vote) \$20.00

_____ Family (Two votes) \$30.00

_____ Student or Self-Advocate (One vote) \$10.00

Amount Enclosed _____ Check# _____ Cash _____

Who are you?

Parent(s) _____ Grandparent(s) _____ Person with Autism _____ Sibling _____

Educator _____ Psychologist _____ Physician _____ SLP _____ Diagnostician _____

Other _____

I am willing to:

_____ Attend Meetings

_____ Serve on the Board of Directors

_____ Answer phone calls for parents in need

_____ Serve on a committee: What type of committee? _____

_____ Design a web page

_____ Help with fundraising

_____ Run a support group

_____ Speak at a meeting. Topic: _____

_____ Other: _____

Signature _____ Date _____