



**ASMT Membership Form**

- I would like to **join** the ASMT
- I would like to **renew** my ASMT membership

**Membership categories and fees:**

- Adult with Autism (16 yrs. or older) Free
- Student  Family \$10.00/yr.
- Professional \$25.00/yr.
- Agency (up to 3 subscribers) \$50.00/yr.

Date \_\_\_\_\_ Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Title \_\_\_\_\_

Agency (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

County \_\_\_\_\_ Fax \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Spouse E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Spouse Employer \_\_\_\_\_

- I would like to receive periodic email updates.
- I would like to volunteer – please call me.

**To better serve our membership, please respond:**

- For professionals:  Educator  Physician  SLP  OT  Psychologist
- Other \_\_\_\_\_

**For individuals/families (optional): Information about person with autism**

- Male  Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis \_\_\_\_\_

How can ASMT better support you? \_\_\_\_\_

**Payment:** (Make check payable to: ASMT)  
Membership Fee: \$ \_\_\_\_\_  
Additional Contribution \$ \_\_\_\_\_  
Amount Enclosed \$ \_\_\_\_\_

**Mail membership form and payment to:**

ASMT  
955 Woodland Street  
Nashville, TN 37206

**Credit Card Information**  
(Credit Cards are also accepted over phone)  
Card Type (Circle): Visa / MC  
Card Number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_  
Amount to charge card? \$ \_\_\_\_\_  
Signature \_\_\_\_\_