



MEMBERSHIP FORM

YES, I/we want to become a member of the Howard County Autism Society (HCAS). The annual \$25 membership for an individual or a family [parent(s) and child(ren)] gives me/my family free entry to social events sponsored by HCAS.

RETURN THIS FORM WITH PAYMENT TO:

HCAS, 9770 Patuxent Woods Drive, Suite 308, Columbia, MD 21046

OR SUBMIT ONLINE AT:

www.howard-autism.org

| Personal Information | | | | | |
|--|----------|--|--|--------------|--------|
| Name #1 | | Name #2 | | | |
| E-mail | | E-mail | | | |
| Phone | | <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W | | Phone | |
| Address | | Address | | | |
| City | State | Zip | | City | State |
| Employer | | Employer | | | |
| Child(ren) | | | | | |
| Name | DOB | ASD? | Other Disability | School | County |
| | | | | | |
| | | | | | |
| | | | | | |
| Membership/Donation | | | | | |
| <input type="checkbox"/> Annual HCAS Membership (\$25/year per family or individual) | | | | | \$ |
| <input type="checkbox"/> I would like to make a donation for _____ | | | | | \$ |
| In honor of / memory of / tribute to _____ | | | | TOTAL | \$ |
| Payment Method (Choose an option) | | | | | |
| <input type="checkbox"/> Bill my CREDIT CARD (Processing fee will be applied) | | | <input type="checkbox"/> CHECK enclosed (Make check payable to HCAS) | | |
| Acct # | Exp Date | CVV | Check # | | |
| Name on Account | | | Date | | |
| Billing Address (if different from above) | | | Amount \$ | | |
| City | State | Zip | <input type="checkbox"/> CASH enclosed | | |
| Signature | | | Amount \$ | | |
| Volunteer Opportunities | | | | | |
| <p>Want to get involved? The Howard County Autism Society relies on the service of volunteers to deliver many of its programs and services. Check the activities you would like to support and we will contact you when a need arises. Thank you in advance.</p> | | | | | |
| <input type="checkbox"/> Annual One Step Closer Autism Walk & 5K Run (October) <input type="checkbox"/> Annual Pieces of the Puzzle Gala (April) <input type="checkbox"/> Autism Awareness Month / Presentations / Workshops <input type="checkbox"/> Marketing / Media / Fundraising <input type="checkbox"/> Office assistance | | | I would like to serve on an HCAS Board of Directors committee: Resources & Advocacy Development <input type="checkbox"/> Education <input type="checkbox"/> Gala <input type="checkbox"/> Walk & 5K Run <input type="checkbox"/> Housing Finance <input type="checkbox"/> Program <input type="checkbox"/> Supplemental Projects | | |