

MEMBERSHIP FORM

YES, I/we want to become a member of the Autism Society of Maryland (AUSOM) and join the circle of supporters of the Autism community in Maryland.

RETURN THIS FORM WITH PAYMENT TO:

OR SUBMIT ONLINE AT:

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

https://autismsocietymd.org/join-ausom/

		Namo #2								
	Name #1				Name #2					
E-mail				E-mail						
Phone C H W			Phone] С 🗆 Н 🗆 W			
Address			Address							
Zip		City		St	ate	Zip				
mployer			Employer							
Child(ren)										
ASD? Other Di		sability School		nool			County			
Membership/Donation										
Annual AUSOM Membership (\$25/year per family or individual)					\$					
☐ I would like to make a donation for						\$				
In honor of / memory of / tribute to					TOTAL	\$				
Payment Method (Choose an option)										
☐ Bill my CREDIT CARD (Processing fee will be applied)				☐ CHECK enclosed (Make check payable to AUSOM)						
ct # Exp Date				Check #						
Name on Account				Date						
Billing Address (if different from above)				Amount \$						
State Zip				☐ CASH enclosed						
Signature				Amount \$						
Volunteer Opportunities										
Want to get involved? The Autism Society of Maryland 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.										
☐ Every Step Counts Autism Walk & 5K Run (October)				I would like to serve on an AUSOM Board of Directors committee:						
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☐ Autism Acceptance Month / Presentations / Workshops				☐ Education ☐ Gala ☐ Walk & 5K Run ☐ Housing Finance						
☐ Marketing / Media / Fundraising ☐ Office assistance										
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