



Autism Society

Southeastern Wisconsin

INDIVIDUAL/FAMILY MEMBERSHIP (\$40 - Annually)

Family memberships allow you to add up to five members per household.

Please complete the information in the boxes below for each family member included on this membership.

* NOTE: The last column is OPTIONAL but will help us in program development and in acquiring grants.

CONTACT AND PAYMENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: (____) _____

☐ Yes, I want to receive text messages and reminders.

Email: _____ ☐ (Check box if you DO NOT want to receive weekly email updates)

Email newsletters are sent approximately once per month to keep you updated on events and news. We do not sell or share your contact information.

\$ _____ Membership Fees

\$ _____ Optional Donation

\$ _____ TOTAL

☐ Cash

☐ Check enclosed (payable to ASSEW)

☐ Credit Card

☐ Waiver (Additional Information Required)

Card#

☐ MC ☐ VISA

Name on Card: _____

Exp. Date (MM/YR) ____/____ CVV ____

Signature: _____

PERSON RECEIVING WAIVER

Name _____

Date of Birth(Day/Month/Year) _____

COUNTY CONTACT

Name _____

Email _____

Phone _____

INDIVIDUAL/FAMILY MEMBERSHIP INFORMATION

NAME	This family member is... P (parent/caregiver) A (on the spectrum) N (other special need) S (sibling) F (friend/family) X (other/choose not to specify)	OPTIONAL Race/Ethnicity of family member is... AF (African American/Black) AS (Asian or Pacific Islander) LA (Latino/Hispanic) NA (Native American) CA Caucasian/White) O (Other) X Choose not to answer)
APPLICANT		
1. ADDITIONAL MEMBER		
2. ADDITIONAL MEMBER		
3. ADDITIONAL MEMBER		
4. ADDITIONAL MEMBER		
5. ADDITIONAL MEMBER		

Please mail membership form, fees and donations to:
Autism Society of Southeastern Wisconsin
3720 N. 124th Street, Suite O
Wauwatosa, WI 53222

Scan the QR code with your
phone camera if you prefer to
complete this form digitally.



For further information, please phone (414)988-1260 or email autismsociety@assew.org

Memberships are renewable annually in your anniversary month.

Confused about membership? This form is for membership to the Autism Society Southeastern Wisconsin (ASSEW). We serve Milwaukee, Waukesha, Racine, Ozaukee, Washington, Kenosha, Jefferson, Walworth and Dodge counties. We are an affiliate of the Autism Society of America (ASA). To learn about ASA, go to autism-society.org
Autism Society of Southeastern Wisconsin | 3720 N. 124th Street, Suite O, Wauwatosa, WI 53222 | (414)988-1260 | info@assew.org | assew.org

Become a Member!



Autism Society

Southeastern Wisconsin

Our mission is to improve the lives of all affected by Autism. By becoming a member, you help support this mission and a world of benefits opens up to you and your family. We keep you informed with regular communications and updates and provide a network of support so that you never feel alone.

Become a member today!

Scan the QR code with your phone camera to link to our membership application.



These are just some of our amazing member benefits:

For the cost of a \$40 annual family membership, Autism Society of Southeastern Wisconsin members receive substantial discounts on many of the 20+ events held in a typical year as well as discounts on a selection of other conferences and programs. Members also receive exclusive access to our Lending Library—one of the largest Autism-related resource libraries in the state. It offers a host of materials, including books, audio recordings, DVDs, research information, and conference materials.



AUTISM ACCEPTANCE
NIGHT



BLUE LOTUS
CENTER

NATURALLY ACCESSIBLE



Request a New to Autism Kit

Interested in a FREE New to Autism Kit?

Please complete the form on the asew.org/recently-diagnosed page of our website to request your kit today!



Autism Society SE WI • 3720 N. 124th St., Suite O • Wauwatosa, WI 53222 • 414-988-1260 • asew.org