

ASK

AUTISM SOCIETY OF KENTUCKIANA MEMBERSHIP FORM

The Autism Society of Kentuckiana (ASK) provides support for families affected by the Autism Spectrum Disorder. ASK attempts to educate these families about available services in the area to those affected by Autism by providing Monthly Meetings and 3-4 Newsletters a year. ASK provides a form to educate the public and to a voice for those with Autism and their families.

ASK is committed in provided quality childcare at our monthly meetings. Membership support is crucial in our ability to continue this mission. ASK provides childcare at no additional cost for those attending the monthly meetings. The childcare expense is over \$250.00 for the ASK monthly meetings.

January is our month to collect dues and remind members about the financial obligations of our organization. Please fill the form below and demonstrate your support for the ones with Autism and their families. The money is spent for ASK activities and functions. All contributions above the dues are tax deductible and appreciated.

Monthly meetings are on the second Saturday of each month from 10 A.M. to 12 P.M.

DUES: _____ Individual \$15 _____ Family \$25 _____ Donation \$ _____

MEMBERSHIP STATUS: _____ ACTIVE Contact by _____ Phone, _____ Mail or _____ Email
about monthly meetings, speakers or workshops.

_____ INACTIVE Contact by _____ Mail or _____ Email about workshops.

_____ Yes, I would like more information on the monthly meetings.

NAME(s): _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

OPTIONAL

ASK is always looking for way to assist those with Autism and their families. The autistic toddler, teenager and adult all have different needs and therefore their family's needs are different. ASK membership committee is looking to link members together to assist each other in their needs. Please provide the following information about the family member or friend with autism and your relationship (parent, grandparents, sibling or friend).

Family Member with Autism: _____ Birthday: ____/____/____

Your Relationship: _____

**Mail this form and check to: Autism Society of Kentuckiana
P.O. Box 90
Pewee Valley, Ky. 40056**