



# Upstate NY Autism Alliance

~ 2018 Membership form ~

Last event you attended: \_\_\_\_\_

Attended 2017 "Walk for a Difference"? Yes  No  If yes, Team Name: \_\_\_\_\_

How did you hear about our group: \_\_\_\_\_

Please check one:    **New Family Member**                      **2017 Renewal Member**

Name of Individual with Special Needs	Age AND D.O.B	Diagnosis
Parents/Caregivers		
Home Address		
School District: Name of school individual with autism attends:		
Email: PHONE: CELL PHONE:	Do you wish to sign up for text message alerts to your cell phone? <b>Yes</b> <b>No</b>	
Names and ages of Siblings of the individual with special needs.		

Please list areas of interest for you and your family or as a professional working with individuals on the Autism Spectrum:

\_\_\_\_\_  
\_\_\_\_\_

**I would like to be part of the group and am able to volunteer/help with:**

Please check:

- \_\_\_\_ Adaptive Sporting Leagues – Basketball (January) and/or Soccer (September)
- \_\_\_\_ Annual Autism Walk May, 2018
- \_\_\_\_ Teen and pre-teen Events
- \_\_\_\_ Parent and Educator Conferences and Workshops
- \_\_\_\_ Family Recreational Events/Holiday Events
- \_\_\_\_ Summer Enrichment Camps
- \_\_\_\_ After School and weekend Enrichment Programs
- \_\_\_\_ Soup R Bands October 2018
- \_\_\_\_ other ways I can help: \_\_\_\_\_

Our annual membership is currently free with volunteering and/or fundraising for our annual Autism Walk, but please return this application to be entered into our database to take advantage of our offerings. Your membership will include a monthly email notification of our events. Please email this form back to [Kristin@upstatenyautism.org](mailto:Kristin@upstatenyautism.org) or mail to:

UNYAA Attn: Membership 379 Bay Road Queensbury, NY 12804  
[www.UpstateNYAutism.org](http://www.UpstateNYAutism.org) (518) 791-2703.  
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