



Upstate NY Autism Alliance

~ 2019 Membership form ~

Attended our annual autism "Walk for a Difference"? Yes No If yes, Team Name: _____

How did you hear about our group? _____

Last event you attended: _____

Please check one: **New Family Member** **2018 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? Yes No				
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 5, 2019
- ___ 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 2019
- ___ other ways I can help: _____

Our annual membership is currently free with volunteering and/or fundraising for our annual Autism Walk. Please fill out and email back this form so your family will be entered into our database. Be sure to visit our website and Facebook page often to keep current on our events. Membership forms should be sent to Kristin@upstatenyaautism.org

www.UpstateNYAutism.org (518) 791-2703

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