



Upstate NY Autism Alliance

~ 2020 Free Family 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** **2019 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 **HERE** 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 (March) and/or Soccer (September)
- ____ Annual Autism Walk, May 3, 2020
- ____ Adult and 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 November 7, 2020
- ____ other ways I can volunteer: _____

Our annual membership is currently free with volunteering and/or fundraising. Please fill out this form and email or mail it to us to be entered into our database. PLEASE NOTE: annual volunteering/fundraising is needed to become an "active member" so your family can take advantage of our offerings. Be sure to visit our website and Facebook page often to check our current events. Membership forms should be sent to Kristin@upstatenyaautism.org

www.UpstateNYAutism.org (518) 791-2703

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