



COACHELLA VALLEY AUTISM SOCIETY OF AMERICA  
(760) 779-0012

MEMBERSHIP APPLICATION

Please use the following application for a new membership, renewal of membership, or newsletter subscription.

**NAME:** \_\_\_\_\_  
(Husband & Wife's first names if family membership)

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **WORK:** \_\_\_\_\_  
(Area code) (Area Code)

**EMAIL:** \_\_\_\_\_

**Please check one:** You May NOT \_\_\_\_\_ You MAY \_\_\_\_\_ give my phone number to other members of CVAASA and add my name to the membership directory.

**Please check type of membership below:**

Individual membership: **\$40.00** \_\_\_\_\_ \$30.00 will be sent to ASA, Autism Society of America & \$3.00 to ASC, Autism Society of California (Newsletter included)

Family membership: **\$50.00** \_\_\_\_\_ \$40.00 will be sent to ASA, Autism Society of America & \$4.00 to ASC, Autism Society of California (Newsletter included)

Newsletter only: **\$10.00** \_\_\_\_\_

**Please check one:** New Membership: \_\_\_\_\_ Membership renewal: \_\_\_\_\_

**Please check one:** Person with Autism/Family Member: \_\_\_\_\_ Professional: \_\_\_\_\_

**Please advise age of person with Autism** \_\_\_\_\_

Please send check to: **Coachella Valley ASA, P. O. Box 11052, Palm Desert, CA 92255-1052**