



ASCV SELF-ADVOCATE MEMBERSHIP FORM

At the Autism Society Central Virginia (ASCV), our mission is to improve the lives of all affected by autism here in Central Virginia. We offer a wide range of programs, services, and activities for individuals and families to learn, grow, and connect with each other. We hope you will join the hundreds of individuals, family members, caregivers, professionals, and other community members that make up our membership network. The work we do would not be possible without the support from our local community!

Membership in the Autism Society Central Virginia provides the following benefits:

- Exclusive perks at local restaurants, businesses and organizations as part of our ASCV Membership Benefits Program
- Members-only annual events, including our annual holiday party, pool party, summer celebration, and other social activities throughout the year
- Social and recreational programming including our teen social groups and bowling outings
- Monthly e-newsletter with resources and calendar of community events
- Free childcare during our monthly educational workshops
- Discounted rates on workshops, conferences, and fee-based programs

Please complete the following membership form. This information allows us to know more about our membership base, informs program evaluation and development, and ensures we are providing appropriate services and supports. We will not share your personal information.

If you need support completing this membership form, please call us at (804) 257.1092 or email us at info@ascv.org, and we would be happy to help!

MEMBER INFORMATION

First Name of Primary Contact (18+):

Last Name of Primary Contact (18+):

Phone Number:

Email:

**By providing your email, you will receive our e-communications. We will not share your email; it will always be kept confidential.*

Address:

City:

State:
Zip Code:
County:
DOB(s):
Gender:
Race/Ethnicity:
Primary Diagnosis:
Secondary Diagnosis/Diagnoses (if applicable):
School/Place of Employment (if applicable):

HOW DID YOU HEAR ABOUT US?

- | | |
|---|---|
| <input type="radio"/> I am a Current/Former ASCV Member | <input type="radio"/> School |
| <input type="radio"/> Family | <input type="radio"/> Community Partner |
| <input type="radio"/> Friend | <input type="radio"/> Community Event |
| <input type="radio"/> Internet | |
| <input type="radio"/> Other (please list) _____ | |

ASCV PROGRAMMING

Have you participated in ASCV programming?

- Yes
 No
 Not sure

Have you attended an ASCV event?

- Yes
 No
 Not sure



Is there anything else you would like us to know about you?

Payment Information

- Check (made payable to Autism Society Central Virginia)
- Visa
- Mastercard
- You can also complete your payment online at <https://ascv.org/membership/become-a-member/>.

Name on card:

Card #:

Expiration:

CVV # (security code on back of card):

Signature:

Additional Donation

- \$25
- \$50
- \$100
- Other (please specify amount): _____

Thank you for joining us; we look forward to getting to know you! For more information, please visit www.ascv.org or email us info@ascv.org!

Please mail or email with payment to:

Autism Society Central Virginia
200 South 3rd Street
Richmond, VA 23219
info@ascv.org (email)