

AUTISM SOCIETY OF CENTRAL VIRGINIA MEMBERSHIP FORM

At the Autism Society of Central Virginia (ASCV), our mission is to support, empower, and build connections for our local autism community. We offer a wide range of programs, services, and supports 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!

A membership with the ASCV provides the following benefits:

- Members-only annual events, including our annual holiday party, pumpkin patch outing, summer celebration, and other social activities throughout the year
- Members-only social and recreational programming
- Discounted rates on fee-based programs including Summer Camps
- Exclusive perks at local restaurants, businesses and organizations as part of our ASCV Membership Benefits Program

TYPE OF MEMBERSHIP

- Self-Advocate (\$12 annually) Household (\$52 annually) Lifetime (\$1500)

Please complete the following information about yourself, your loved one with autism, and/or your family. 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

Full 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:

Employer (if applicable):

Race/Ethnicity:

HOW DID YOU HEAR ABOUT US?

- I am a Current/Former ASCV Member
- Family
- Friend
- Internet
- Other (please list) _____
- School
- Community Partner
- Community Event

Is there anything else you would like us to know about you and/or your family?

Please list the name and DOB for each family member with autism. This information allows us to know more about our membership base, informs program evaluation and development, helps us determine which programs might be of interest to you and your family, and ensures we are providing appropriate services and supports. We will not share your personal information.

Please list the name and DOB for other family members.



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 of Central Virginia
8730 Stony Point Pkwy, Ste 150
Richmond, VA 23235
info@ascv.org (email)