



2013 Organization/Corporate Partners Membership Form

Your membership has benefits! It supports our work in meeting the needs of Pennsylvanian families challenged with autism spectrum disorders. It also keeps your organization "front and center" in the minds of those very families.

Members will be acknowledged in our quarterly newsletter, a link on our website to yours, and discounted exhibitor rates at our conferences. If you would like to include your logo on your listing on our web page, please e-mail it to jennifer@autismofpa.org.

Organization/Corporate Partners Membership Dues: \$400

Please complete the following:

Organization _____

Primary Contact Name _____

Address _____

Phone # _____ Fax # _____

E-mail _____ Website _____

Send completed form with payment info. to:
(checks payable to Autism Connection of PA)

ABOARD's Autism Connection of PA, 35 Wilson St., Suite 100, Pittsburgh, PA 15223
Fax: 412-781-4122 or email Jennifer Fulton - jennifer@autismofpa.org – phone 412-781-4116

Credit Card (VISA, Master Card) _____ Card # _____

Name as it Appears on Card _____ CID# _____

Statement Billing Address _____

Expiration Date _____ Authorized Signature _____