



Thank you for becoming a member of the
Autism Society of Florida!

Print this membership form, check the appropriate choice and include your information. You'll receive the ASF Member Magnet and by providing your email address, you'll never miss an update.

Individual Membership _____ \$ 25.00
One Year for One Person

Family Membership _____ \$ 40.00
One Year for Household

Professional Membership _____ \$100.00
One Year for Professionals in the Community

_____ New Membership _____ Renewal

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please mail this form and your check to:
Autism Society of Florida
P.O. Box 677055
Orlando, Florida 32867

Thank you!