



# Friends of The Autism Place Membership Application



## Contact Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Home  Work  Cell

Email: \_\_\_\_\_

## Family Information

*This information helps us better serve you. We will never share information with outside parties.*

Child's Name (1): \_\_\_\_\_

Male  Female                      On the Autism Spectrum?  Yes  No

Child's Name (2): \_\_\_\_\_

Male  Female                      On the Autism Spectrum?  Yes  No

Child's Name (3): \_\_\_\_\_

Male  Female                      On the Autism Spectrum?  Yes  No

Child's Name (4): \_\_\_\_\_

Male  Female                      On the Autism Spectrum?  Yes  No

## Membership

Please check one:

Student: \$8.00       Individual: \$15.00       Family: \$25.00

I would be interested in participating in the following committees/events:

- |   |  |
|---|--|
| <input type="checkbox"/> Community Events               | <input type="checkbox"/> Social Outings              |
| <input type="checkbox"/> Fundraising                    | <input type="checkbox"/> Autism Awareness            |
| <input type="checkbox"/> Grant Writing                  | <input type="checkbox"/> Parent Information Sessions |
| <input type="checkbox"/> Parents Night Out Coordination | <input type="checkbox"/> TAP Appreciation            |

A member of our household is currently receiving services from The Autism Place:  Yes  No

Please make checks payable to: Friends of The Autism Place

Please return to:                      FOTAP  
    PO Box 615  
    Normal, IL 61761

Please visit us at [www.friendsoftap.com](http://www.friendsoftap.com) or email us at [fotap4all@yahoo.com](mailto:fotap4all@yahoo.com) for more information.

Friends of The Autism Place is a 501(c)(3) nonprofit organization designed to support The Autism Place at Illinois State University.