



Name(s): _____
 Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Phone: _____ Email: _____
 Oakland County Chapter Dues \$15 = _____
 Membership in the Oakland County Chapter requires a concurrent membership with the Autism Society of America.
 Autism Society of America Dues:
 Individual dues \$30 = _____
 Family dues (2 adults) \$40 = _____
 Student dues \$15 = _____
 Professional dues \$100 = _____
 Donation to the ASA Oakland County Chapter (charitable donation) = _____
 Total enclosed = _____
 (Please make checks payable to ASA/OCC)

I would like to volunteer in the following areas: (Check all that apply)

_____ Serve on the Board of Directors
 _____ Assist with resource guide updates: Typing or Researching (circle one or both)
 _____ Editor for newsletter: *The Advocate of Oakland County*
 _____ Fundraisers (Plan, work and solicit donations)
 _____ Other - please specify

- Please mail to ASA/OCC c/o P.O. Box 70207, Rochester Hills, MI 48307
- Membership dues and donations are accepted online at www.asaoakland.org
- Membership questions should be directed to Sally McInnes at chapterinfo@asaoakland.org