

The Advisory Board on Autism & Related Disorders (ABOARD)

2009 ABOARD Membership Form

YOUR MEMBERSHIP is CRUCIAL

Committed to *NO LESS* than the maximum potential of every Pennsylvania child, adolescent and adult with ASD

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.

Membership at the \$250 level will include acknowledgement in our quarterly newsletter for the year 2009, a link on our website to yours, and discounted exhibitor rates at our conferences.

Associate Membership at the \$100 level is offered for organizations who would like to support ABOARD at a lower level. Membership will include acknowledgement in our quarterly newsletter for the year 2009.

Organization/Corporate membership dues: \$250 _____
Associate membership dues: \$100 _____

Please complete the following:

Organization _____

Primary Contact Name _____

Address _____

Phone # _____ Fax # _____

E-mail _____ Website _____

Mail form with your check made payable to ABOARD or credit card info. to:
ABOARD, 35 Wilson St., Suite 100, Pittsburgh, PA 15223

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

Name as it Appears on Card _____

Statement Billing Address _____

Expiration Date _____ Authorized Signature _____

phone: 412.781.4116 or 800.827.9385/Fax: 412.781.4122

Experience the connection. Experience the support.
Experience ABOARD. We know!