



**PRINTABLE MEMBERSHIP APPLICATION**

**Name**

**Address**

**City, State, Zip**

**Country**

**Daytime Phone**

**Email Address**

(Please include your e-mail address so we can send confirmation of your membership.)

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**Membership Level (Check one)**

- Individual - \$35 annually**
  - Family - \$60 annually**
  - International - \$30 annually**
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**Payment Type (Check one)**

- Check/Money Order**
- Credit Card**

**Credit Card Number**

**Expiration Date**

**Please print and mail this form along with your payment to:**

**National Autism Association  
1330 W. Schatz Lane  
Nixa, MO 65714**