



## Membership Application/Renewal

### 1. Thank you for your AMI Membership

Thank you for joining AMI. Membership fees contribute directly toward AMI's ability to provide informational resources and services to families with Asperger Syndrome.

### 2. Contact Information – Information will be kept confidential and will only be used for purposes directly related to AMI

New Membership

Renewal

Date of Application: \_\_\_\_\_

Name (name of all family members):		
Address:		
City:	Province:	Postal Code:
Telephone:	Email:	

### 3. Type of Membership

- Individual (\$15)
- Individual with Asperger Syndrome (\$10)
- Family (\$25)
- Professionals, corporations, organizations, etc. (\$40)

Memberships will expire 1 year from date of submission.

### 4. I would also like to make a donation of:

\$35

\$50

\$100

\$200

\$ \_\_\_\_\_

Total Payable (membership+donation) \$ \_\_\_\_\_

Please make cheques payable to Asperger Manitoba Inc.

Mail this form to:  
Asperger Manitoba Inc.  
c/o SMD Clearing House  
204-825 Sherbrook Street  
Winnipeg, MB R3A 1M5

(income tax receipts will be issued for donations of \$10 or more).

**Thank you for your support!**



#### For office use only:

Date processed: \_\_\_\_\_

Payment type:

Cash                      Cheque # \_\_\_\_\_

Total Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Receipt Issued: \_\_\_\_\_