



The purpose of the East Tennessee Chapter is to promote and advance the goals of the Autism Society of America. The Chapter works to improve services for the person with autism, families and professionals by:

- * Conducting Chapter meetings, conferences and special social events;
- * Conducting Family Support Group meetings;
- * Providing information and referral services;
- * Promoting public awareness through newsletters, speakers, pamphlets, and media;
- * Providing support and funding for medical research; a
- * Maintaining an active Professional Advisory Board.

We are parents and professionals working together to improve the lives of people with autism and their families, providing support, information on resources, creating opportunities to live a successful life and bringing awareness about the ways the citizens in the community can help.

For additional information, contact the ASA-ETC
 Web Site: <http://www.asaetc.org>

Benefits of membership in ASA-ETC

- Discounts on Conferences
- Information and referral at the local level.
- Autism hotline
- Communications: Emails, newsletter
- Networking
- An opportunity to meet locally with other families who have the same problems and interests at Support Group meetings and socials.

Benefits of membership in ASA National

- A strong lobby in government for persons with autism.
- Subscription to The Advocate, the periodical of ASA.
- Coordinated information across the nation between the 160+ chapters.
- A unified national voice for persons with autism
- Discounts at the National Conference.

The Autism Society of America requires that all members of local chapters must also be members of the national organization. Therefore, we collect dues for national and enroll you both in our local chapter and in the national organization. We do not charge local dues

Dues:

Family \$40.00
 Individual: \$30.00
 Friend of ASA-ETC \$10.00
 (Receive quarterly newsletter)

Join ASA-ETC



Membership Form

Name: _____
 Address: _____
 City/State: _____ Zip Code _____
 Phone: (____) _____ Phone: (____) _____
 Parent _____ Professional _____ Other _____
 Email _____

(Dues are tax deductible as a contribution on qualifying returns)

_____ \$30.00 for individual membership _____ Added extra tax deductible contribution \$ _____
 _____ \$40.00 for family membership _____ I would like to volunteer _____
 _____ \$10.00 Friend of ASA-ETC (receive quarterly newsletter only)

Mail your registration form and check made payable to ASA-ETC to:

ASA-ETC
 P.O. Box 30015
 Knoxville, TN 37930-0015