



Membership Application

Please complete and mail this form to:

Little Red Hen
14555 Cameron Park Drive
Chico, CA 95973
or fax to: (530) 897-0300

Please enroll me in the following membership:

Individual \$40.00 Local Business Supporter \$50.00
 Family \$50.00 Local Supporter \$25.00
 Student \$30.00 Donation \$ _____

**Membership dues include the Autism LifeSpan quarterly newsletter and unlimited access to our Lending Library.

*Name(s): _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone (home): _____ (work): _____

Email: _____

Occupation (optional) _____

Please check the category that best describes you:

Parent Individual with Autism Family Member Educator
 Service Provider Medical Professional Other _____

Payment Information:

Visa MasterCard Cash Check (Please make payable to Autism LifeSpan)

Name on Card _____

Card # _____ Exp. Date _____

Thank you for your support! Autism LifeSpan is a 501(c)(3) non-profit Corporation. All membership and donations are tax deductible.