



atlanta autism consortium

Atlanta Autism Consortium, Inc.

**“Connecting the Atlanta Autism Communities:
Doing together what no one organization can do on its own”**

AAC Membership Application

AAC Mission Statement:

The Atlanta Autism Consortium, Inc., is a not-for-profit, tax-exempt 501(c) (3) organization, which brings the spectrum of perspectives concerning autism together in a safe and constructive environment. We aim to foster better understanding and cultivate multifaceted collaborations among the wide variety of autism community stakeholders including researchers, clinicians, educators, advocates, families and individuals with autism, in the greater Atlanta area.

Qualifications for AAC Membership:

- Affiliation with an organization with activities related to the AAC mission or a personal justification for being involved with the AAC.
- Commitment to fulfilling the AAC’s mission by
 - Participating in fostering the AAC’s goals
 - Collaborating across individuals, perspectives, areas of expertise, and affiliations to various organizations with mutual trust and respect
 - Engaging beyond one’s own specific domain of interest
 - Respecting confidentiality and following widely accepted social norms
 - Following AAC’s rules as described in its By-Laws

AAC Membership benefits:

- Subscription to email list (provide regular announce of AAC events, scientific updates, as well as autism-related events from other organizations in our community)
- Access to space reserved for members on the AAC website
- Involvement in existing SIGs and/or development of other SIGs
- Free AAC newsletter – possibility to submit an article or story for the AAC Newsletter
- Free or discounted rate access to AAC special events
- Development of personal and/or professional network
- Alerts for regular AAC monthly meetings and AAC special events
- Alerts for non-AAC, autism-related news/events in our community
- Access to video archives of previous AAC meetings and events (if available)

Disclaimer: The AAC does not promote or endorse any particular form of therapy, treatment/medication, service provider, school, university or any other autism related services, organizations and individuals. The AAC does not represent or speak for any of the organizations with which members are affiliated.



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Help and Information at executive-director@atlantaautismconsortium.org.

First Name: _____ **Last Name:** _____

Email: _____ **Phone (optional):** _____

Address: _____ **Street:** _____

City: _____ **State:** _____ **ZIP:** _____

- Professional Membership: \$ 75 for one year
For individuals working in the field of autism or autism-related fields (e.g.: researchers, clinicians, therapists, educators...)

- Student Membership: \$ 20 for one year
University: _____ *Degree pursued:* _____ *Field of study:* _____

- Community Membership: \$ 30 for one year
For family members (not working in the field of autism) and individuals on the spectrum

[Note: The AAC currently does not have a membership process for organizations.]

I would like my membership to be renewed automatically every year (January)

- I would like to become an AAC member but I am unable to commit to pay dues
(We would love to have you as an AAC member. We will contact you.)

A matching gift will be provided by: *(please specify organization name, address and contact info)*

Where to submit your AAC membership Application Form & AAC Membership Dues:

Via mail: Print and complete this form and mail with your payment (Check only) to:
 (check only): AAC, 1932 Oak Grove Rd NE, Atlanta, GA, 30345.

In person: Print this form and bring it completed with your CC, check or cash at the next AAC monthly meeting (check AAC website for schedule of events).

On line: Complete your application directly on line at:
www.atlantaautismconsortium.org

A receipt will be emailed to you when your AAC membership application and dues are received.

Reminder: The AAC is an official Tax-Exempt organization, as such all donations to the AAC are tax deductible.

Help and Information: executive-director@atlantaautismconsortium.org

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Please complete the next few questions so we can serve you better:

How do you define yourself within our autism community? (PLEASE CHECK ALL THAT APPLY)

- | | |
|---------------------------------------|--------------------------|
| Researcher | <input type="checkbox"/> |
| Clinician | <input type="checkbox"/> |
| Health provider | <input type="checkbox"/> |
| Service provider | <input type="checkbox"/> |
| Educator / Teacher | <input type="checkbox"/> |
| Student | <input type="checkbox"/> |
| Individual with autism | <input type="checkbox"/> |
| Autism advocate | <input type="checkbox"/> |
| Relative of an individual with autism | <input type="checkbox"/> |
| Lawyer | <input type="checkbox"/> |
| Artist | <input type="checkbox"/> |
| Administrator | <input type="checkbox"/> |
| Other <i>specify</i> _____ | <input type="checkbox"/> |

Your Affiliations:

To better serve our members, such as to tailor the topics of the AAC monthly meetings to members' interests, please indicate ALL the **Organization(s)** (even those not autism-related) **you are affiliated with:**

Would you be interested in volunteering for the Atlanta Autism Consortium? YES NO

If YES, in which capacity?

Please specify your field of interest/expertise for your volunteer involvement (check ALL that apply):

- | | |
|--|--------------------------|
| Monthly meeting planning | <input type="checkbox"/> |
| Special event planning (research symposium; awareness; educational event...) | <input type="checkbox"/> |
| Website maintenance | <input type="checkbox"/> |
| Fundraising / marketing | <input type="checkbox"/> |
| Accounting | <input type="checkbox"/> |
| AAC Newsletter design / development / maintenance | <input type="checkbox"/> |
| Special Interest Group (SIG) development | <input type="checkbox"/> |
| Other <i>Please specify</i> : _____ | <input type="checkbox"/> |
| I have no preference, I just want to help! | <input type="checkbox"/> |

If NO:

No problem! You can always change your mind and become involved with the AAC at another time.

Permission to use photographs/ videos:

- I grant to the AAC and its representatives the right to take photographs/videos including me during all AAC meetings and events.

- I authorize the AAC, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

- I agree that the AAC may use such photographs/videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I (*full name*) _____ have read and understand the above statements

I agree to the Photo Release Statements

I prefer to be consulted (via email) prior to publication of photographs/videos including myself

Date: _____ Signature: _____