

Gulf Coast Autism Association, Inc.

Membership Application

Name _____

Address _____

Home Phone _____ Cell _____

Email Address _____

Name of child/adult _____ Age _____

Attends school ____ Yes ____ No

Name of school _____

Please check:

Parent ____ Family Member ____ Teacher ____ Other ____

Membership fee \$15.00 per year

I would like to make a donation in the amount of \$ _____

Payments should be made out to Gulf Coast Autism Association, Inc.
and please mail to the following address:

**Gulf Coast Autism Association, Inc.
P.O. Box 21105
St. Petersburg, FL
33742-1105**