

For a \$40 annual fee, families of individuals with autism and caregivers who support them, receive a family directory (inclusion is voluntary); the *xMindsResource*, a members-only monthly newsletter with helpful resources that focus on autism, education, special education law, and advocacy; and free admission to speaker meetings, parent workshops, and family events.

Choose one: NEW MEMBER RENEWAL DATE: _____

Names of parents: _____

Street address: _____

City/State/Zip: _____

Preferred phone number: _____

Email: _____

Information about family member(s) with autism or similar diagnosis:

Gender of child with autism: _____ Year of birth: _____

Gender of child with autism: _____ Year of birth: _____

Current school and/or program your child(ren) attend: _____

One of the benefits of joining xMinds is receiving the membership directory to connect with other families who have children on the autism spectrum. The directory is available only to other member families and will not be shared with professionals. *Inclusion in the directory is voluntary.*

Would you like your contact information included in the next family directory? YES NO

Please make your check payable to:

Partnership for Extraordinary Minds

Mail to:

5004 Wickett Terrace, Bethesda, MD 20814

Partnership for Extraordinary Minds is a 501(c)3 nonprofit organization based in Montgomery County Maryland. Our mission is to improve the educational experiences and outcomes of students on the autism spectrum. We do not endorse any specific professional or therapeutic treatment, and we are not a substitute for medical or legal advice.

Donations made in addition to the annual membership fee are tax-deductible to the fullest extent allowed by law. A copy of our financial statement is available upon request. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Secretary of State for the cost of copying and postage.

YEARLY MEMBERSHIP	AMOUNT
Family Membership	\$40
Additional Donation* (please specify)	
Total	

**Your extra donation is extremely helpful. As a nonprofit, we rely solely on the support of our members to help us fulfill our mission.*

OFFICE USE ONLY			
Date received:	Cash	Check	PayPal
Date entered:	iC	MbrDb	