



## Family Membership Form

Choose One:  NEW MEMBER  RENEWAL

For a \$40 annual fee, individuals with autism, their families, and caregivers who support them receive free admission to speaker events, free or reduced prices for social events and workshops, free educational advocacy guidance, and a subscription to our monthly newsletter.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about xMinds? \_\_\_\_\_

Information about family member(s) with autism diagnosis:

Gender of Individual: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

School & Program (if applicable): \_\_\_\_\_

Gender of Individual: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

School & Program (if applicable): \_\_\_\_\_

Partnership for Extraordinary Minds is a 501(c)3 nonprofit organization based in Montgomery County Maryland. Our mission is to improve the educational experience 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. Documents and information submitted to the State of Maryland Charitable Solicitations Act are available from the Secretary of State for the cost of copying and postage.

Please make check payable to  
**Partnership for Extraordinary Minds**  
PO BOX 231, Kensington MD 20895  
www.xMinds.org

YEARLY MEMBERSHIP	AMOUNT
Family Membership	\$40
Additional Donation (please specify)	
<b>Total</b>	