



Family Membership Form

Choose One: NEW MEMBER RENEWAL

Individuals with autism, their families, and caregivers who support them receive free admission to speaker events, free or reduced prices for social events and work-shops, 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): _____

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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 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	\$0
Additional Donation (please specify)	
Total	