



a 501(c)(3) public charity



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MEMBERSHIP REGISTRATION

Please complete the form below either by handwriting your answers, or by typing in the fields on the website form, then printing the document. Mail the completed membership registration form along with your check made payable to Good Friend, Inc., to the address listed above.

YES! I support Good Friend's mission of creating autism awareness, teaching acceptance of differences, and fostering empathy for students with autism spectrum disorder (ASD) among their typically-developing peers. With my enclosed donation of \$ _____ (\$25 minimum), I am hereby registered as a Good Friend member.

** indicates required field*

Name*: _____ Mailing Address*: _____

City*: _____ State*: _____ Zip*: _____

Title: _____ Organization: _____

Phone: _____ Email: _____

Your email address will automatically be added to our blog subscription. To opt out, check here .
 (You can also unsubscribe at any time.)

I am a(n) (check all that apply) parent of a child with ASD grandparent of a child with ASD
 educator (check one) general ed. special ed. educational assistant
 administrator other (please list: _____)

I am interested in learning more about the following service opportunities (check all that apply):

Membership Committee Marketing & Merchandise Committee
 Program & Services Committee Fund Development Committee
 volunteerism (Please indicate skills: _____)

Please contact me by (List phone or email address only if different than above. Otherwise, check the preferred method of communication.)

phone: _____ best days/times to call: _____
 email: _____

I heard about Good Friend through an agent of the organization Internet search

word-of-mouth my (child's) school news media (check one) print radio TV
 other (please list: _____)