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| Member from Date:  C:\Users\Sara\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\XLKSEJL5\CASEColourLogo_maier.jpg  Membership Application | | |
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| **Member** | **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_**  **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Office Use  $50 Individuals  $150 For organizations  Good for one year |
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| **Payment Information:**  Visa \_\_\_\_ Master Card \_\_\_\_ Cheque \_\_\_\_ Cash \_\_\_\_  Cardholder Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiry Date: \_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please make all cheques payable to *Children’s Autism Services of Edmonton* |

**Benefits of Membership**

* Access to our lending library
* Reduced rates for rental of facility space
* Special access hours at the Maier Centre