

Central Illinois Autism Association
Application for Membership



Contact Information

Prefix: _____ First Name: _____ Last Name: _____ Suffix: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____ Employer & Credentials (if any) _____

Membership Level

Please check the level of membership you are applying for:

Voting member on board of directors Requirements: ***Must attend 3 consecutive meetings to apply.** Attend monthly meetings or coordinate necessary votes with board secretary for pre-approved circumstances. Participate in at least one organization committee.

Yearly membership fee: \$40

Non-voting society member Requirements: Must attend yearly budget meeting in January, can come to meetings as able, participate in fundraising planning and attend events as able.

Yearly membership fee: \$30

If you selected to participate as a voting member, please check what committees you are interested in joining.

Autism Awareness Walk (Oct) Trivia Nights/Restaurants/Misc Spring Fundraiser

Your Story

What brings you to CIAA? _____

Thank you for your interest in joining the Central Illinois Autism Association. You will be notified by an officer once your application has been received and will receive confirmation of your membership after the next scheduled monthly meeting. We look forward to serving with you! For further questions, please contact us at:

(309) 686-7755 ext. 2241 / autismpeoria@gmail.com