



Families for Effective Autism Treatment

## 2009 FEAT of Nebraska, Inc. Membership Application

Date: \_\_\_\_\_ New Member:  Renewal:

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

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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

Preferred method of notification: Email  US Mail

Relationship to Autism:

Parent:  Relative:  Professional:  Other:

\_\_\_\_\_

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

Agency Affiliation / Provider: \_\_\_\_\_

- 2009 Membership Dues \$40.00
- Make check payable to **FEAT of Nebraska, Inc.**
- Mail the form, along with your tax deductible \$40.00 membership fee to:

**FEAT of Nebraska, Inc.**  
**Attn: Bob Woodruff**  
**PO Box 307**  
**York, NE 68467-0307**