



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