

**AUTISM SOCIETY  
KALAMAZOO/BATTLE CREEK CHAPTER  
BOARD MEMBER NOMINATION/VOLUNTEER FORM**

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

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

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

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I hope to benefit this chapter and its members in the following ways:**

\_\_\_\_\_

\_\_\_\_\_

**Please indicate which activities and tasks interest you:**

- Fundraising       Newsletter       Publicity
- Website Maintenance/Graphic Design       Making phone calls/other contacts
- Organizing/coordinating events       Volunteering at fundraisers or events

**Please indicate which of the following issues interest you (check all that apply):**

- Advocacy       Inclusion       Recreational opportunities
- Government funding       Grant Writing       Teaching methods
- Social Skills       IEPs       Community awareness
- Other \_\_\_\_\_

