

SAFE, Inc
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Hazleton, PA 18201



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2019 Membership Application

Please provide contact information so that we can keep you informed of SAFE news, programs and events.

Date: _____

Contact: _____
Last Name

First Name

Phone: _____

Email: _____

Address: _____

Please tell us about your loved one with ASD.

Name

Age

- 2019 FAMILY Annual Membership Dues \$30.00
- 2019 BUSINESS Annual Membership Dues \$35.00

As I Am.