



**SHENANDOAH VALLEY
AUTISM PARTNERSHIP**

"Where Parents and Professionals Come Together"
ValleyAutism.org

MEMBERSHIP APPLICATION

Complete and mail to:

Shenandoah Valley Autism Partnership
108 Sharon Street
Harrisonburg, VA 22801

**SVAP Membership Fees:
Individual/Family - \$15.00**

Name _____

Address _____

City _____

State _____ Zip _____

E-Mail _____

Telephone _____

I am interested in helping SVAP. Please contact me.