



## Professional Membership Form

Professional Membership provides inclusion in our online professional services directory, an introduction in our monthly electronic newsletter *xMindsWire*, display of your marketing materials at our events, and free admission to our speaker events.

Please Select :

- Individual Professional     Professional Organization  
 Nonprofit Organization     Renewal

Name of Individual Professional: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Website: \_\_\_\_\_

Please attach a description of your background and professional services (approximately 150 words) for inclusion on our professional services directory, or email it to [info@xMinds.org](mailto:info@xMinds.org). For examples, please visit the xMinds Professional Membership Services Directory at [www.xMinds.org/professional-members-guide](http://www.xMinds.org/professional-members-guide).

Make check payable to **Partnership for Extraordinary Minds**  
 PO BOX 231, Kensington MD 20895  
[www.xMinds.org](http://www.xMinds.org)

Partnership for Extraordinary Minds is a 501(c)3 nonprofit organization based in Montgomery County Maryland. Our mission is to improve the educational experience and outcomes of students on the autism spectrum. We do not endorse any specific professional or therapeutic treatment, and we are not a substitute for medical or legal advice. Donations made **in addition** to the annual membership fee are tax-deductible to the fullest extent allowed by law. Documents and information submitted to the State of Maryland Charitable Solicitations Act are available from the Secretary of State for the cost of copying and postage.

YEARLY MEMBERSHIP	AMOUNT
Individual Professional (\$80)	
Professional Organization (\$150)	
Nonprofit Organization (\$80)	
Additional Donation (please specify)	
<b>TOTAL</b>	