

Autism Provider Network of Northwest Ohio (APNNWO)

Paying Membership Agreement

The Autism Provider Network of Northwest Ohio (APNNWO) is a platform for providers to come together in dialogue to better serve individuals with autism and their families and caregivers.-

The objectives of APNNWO are:

- Expanding Community Awareness
- Supporting/promoting state advocacy efforts for policy changes
- Providing professional development for staff of provider agencies;
- Sharing and aggregating accurate and updated data that quantifies community needs
- Engage in professional dialogue which allows for sharing information and ideas

APNNWO is guided by operating principles to which all members adhere:

- Respect family and individual choice, and the spectrum of programs and services needed to meet the spectrum of needs.
- Respect one another's professionalism, competence, and commitment.
- Proactively learn about each other's programs and services and speak positively about each other's work, and make referrals where appropriate.
- Know each other as people who share a passion for our work and deep concern for those we serve.
- Engage in open, honest, constructive, and respectful dialogue.
- Demonstrate a commitment to fully participate for the benefit of those with autism, their families and caregivers, and our community.

Benefits of Membership:

- Ability to network with other autism professionals
- Opportunity to collaborate, share ideas, and stay current on local programs
- Access to grant funding specifically for APNNWO members

Meeting Ground Rules

- Meetings will start and end on time
- Discussion about sensitive or controversial topics will be treated confidentially
- Members will judge ideas, not people

In support of the purpose, objectives, and operating principles and guidelines of APNNWO,
_____ agrees to:

(organization name)

- Support the purpose and objectives of APNNWO;
- Abide by the operating principles and guidelines;
- Share information and support collaborative efforts;
- Contribute \$200 yearly membership fee which allows for unlimited number of professional participants

Agency Authorized Signature

Date

Mailing Address

City

State

Zip

Phone

E-Mail

Please provide all professionals from your organization to be included in APNNWO membership:

Name and Title

Email