



*Brain
Injury
Association
of Indiana*

MEMBERSHIP APPLICATION
ANNUAL MEMBERSHIP- MARCH TO MARCH

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Yes, send me email updates. Yes, share my email with other members.

Yes, share my email with other related businesses.

Membership Levels

Consumer

Individual \$20.00

Family \$45.00

Professional

Individual \$75.00

Business/Corporate \$200.00

Sustaining \$500.00

2 year individual \$130.00

Donation

I have enclosed an additional donation in the amount of \$ _____ Total Enclosed \$ _____

I would like this donation to be recognized in honor of: _____

Membership Scholarship

I would like to sponsor _____ membership(s) for a total of \$ _____

*Please direct scholarship inquiries to (317) 356-7722.

Your Relationship to Brain Injury

Person with Brain Injury Friend of BIAI Family Member

Professional Individual: Field _____

Professional Corporate: Business Name _____

* BIAI is a 501c3 nonprofit organization. All memberships and donations are tax-deductible

Please make checks payable to the Brain Injury Association of Indiana and mail to:
Brain Injury Association of Indiana Membership
9531 Valparaiso Court, Suite A, Indianapolis, IN 46268.