



**Membership Application**  
**ANNUAL MEMBERSHIP**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, send me email updates.

**Please indicate how BIAI can best meet your needs:**

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**Membership Levels**

*Consumer*

*Professional*

Individual \$20.00

Family \$45.00

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**

PO Box 24167, Indianapolis, IN 46224

Ph: (317) 356-7722, F (317)481-1825 [www.biausa.org/Indiana](http://www.biausa.org/Indiana) [ann@centraloffice1.com](mailto:ann@centraloffice1.com)