



2011 MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Please provide your e-mail address to continue to receive important updates and communication from the organization. (BIAI does not share e-mail addresses with other organizations).

E-Mail Address: _____

Membership Levels

- | | | | |
|---|---------|---|--------------------|
| <i>Consumer</i> | | <i>Professional</i> | |
| <input type="checkbox"/> Individual Complimentary | | <input type="checkbox"/> Individual | \$75.00 |
| <input type="checkbox"/> Family Complimentary | | <input type="checkbox"/> Business/Corporate | \$200.00 |
| <i>Other</i> | | | |
| <input type="checkbox"/> Student | \$20.00 | <i>School</i> _____ | <i>Major</i> _____ |

I Want To Help

I have enclosed an additional donation in the amount of \$_____ to be used for:

- Education Programs/Resources Prevention Advocacy
 Scholarships (*contact us regarding member & conference scholarships*) Where there is most need

Please recognize this donation in honor of: _____

- Please contact me about volunteer opportunities with BIAI

TOTAL Enclosed _____

In Order To Serve You Better, Please Tell us Your Relationship to Brain Injury

- Person with Brain Injury Friend of BIAI Family Member Student
 Professional Individual: Field _____
 Professional Corporate: Area of Interest _____

** 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

Questions? Call 317-356-7722

Memberships can also be processed on-line at www.biausa.org/Indiana