



Brain Injury Association of America Brain Injury Business and Professional Council

**It's your business, your profession, your future – every voice matters!
Join the BIAA Business & Professional Council and
have a stake in the future of brain injury health care.**

Corporate Membership Participation Value *"What's in it for me?"*

1. Influence health policy to sustain and grow your business and profession.
 - Stay abreast of public policy that impacts your business, practice and your patients.
 - Influence legislation through brain injury health care industry coordinated legislative action.
 - Ensure the future delivery of high quality brain injury health care for all.
2. Access business tools and networking resources.
 - Participate in brain injury health outcomes and business intelligence.
 - Communicate and network with colleagues.
 - Access members-only Website for brain injury health care industry updates and resources.
3. Enjoy discounts and visibility in the field.
 - Corporate members will receive a 20% discount on BIAA corporate sponsorship, bookstore purchases and conferences.
 - Participate in Business and Professional Council public awareness events.

To join, please complete the attached application. There is an initiation fee of \$5,000.00 and dues as follows:

Level	Annual Revenue	Assessed Dues (Annually / Monthly)
Level 1	\$15 million or more	\$15,000 / \$1,250
Level 2	\$5 to \$15 million	\$10,000 / \$833.33
Level 3	\$5 million or less	\$5,000 / \$466.66

We welcome your participation!



Brain Injury Business and Professional Council Corporate Membership Application

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Voting Representative Name: _____

Title: _____ Credentials: _____

Telephone: _____ Email: _____

Dept. or Business Unit (if applicable): _____

List up to 3 Additional Company Employees to Receive Periodic Information:

1. Name: _____ Title: _____

Email: _____ Phone: _____

2. Name: _____ Title: _____

Email: _____ Phone: _____

3. Name: _____ Title: _____

Email: _____ Phone: _____

As a duly authorized representative of the above-named corporation, I hereby apply for membership in the Brain Injury Business & Professional Council. I certify that my company is eligible for membership at the level marked below and hereby request monthly invoices (net 30 days) to pay my dues. I understand there is a non-refundable initiation fee of \$5,000, payable upon application, and membership is automatically renewed unless I cancel in writing.

Initiation Fee of \$5,000

Check Enclosed

Send Invoice (net 30 days)

Check one:

Level 1 (annual revenue of \$15 million or more)

Annual dues of \$15,000/ \$1,250.00 monthly

Level 2 (annual revenue of \$5 to \$15 million)

Annual dues of \$10,000/ \$ 833.33 monthly

Level 3 (annual revenue of \$5 million or less)

Annual dues of \$ 5,000/ \$ 466.66 monthly

Signature of Voting Representative

Date

Return application form by fax form to 703-761-0755; by email to customerservice2@biausa.org; or by mail to
BIAA Brain Injury Business & Professional Council, 1608 Spring Hill Road, Suite 110, Vienna, VA 22182