



British Columbia Brain Injury Association

Save For Address / website Link

MEMBERSHIP FORM

Name _____

Address _____

City _____

Postal Code _____

Phone # _____

Email _____

<u>MEMBERSHIP TYPE (please select)</u>	<u>PRICE</u>	<u>AMOUNT</u>
() Individual	\$10.00	_____
() Individual - Family	\$25.00	_____
() Association - Non Profit	\$100.00	_____
() Corporate	\$150.00	_____
() Diamond	\$200.00	_____
() Donation		_____

Payment Enclosed _____

Please make cheques or money orders payable to: BCBIA

*** Membership will not be denied to any brain injured person or family member due to inability to meet membership fees ***

ALL memberships are valid for one year and will expire November 1, 2009

Signature: _____
please submit this form along with payment

<i>For Office Use Only</i>	
Date Received:	_____
Valid thru:	_____