



MEMBERSHIP FORM

Date: _____

Name: _____

Telephone No.: _____

Address: _____

Bus. Phone No.: _____

Fax: _____

County: _____

E-mail: _____

Please check box if this is a new address

Please Check:

- () Person with Brain Injury
- () Family Member: Relationship: _____
- () Professional: Field: _____
- () Friend of BIANJ

Types of Membership:

Membership benefits include an informative newsletter (published four times per year); access to resource material and support groups; invitation to the annual meeting and annual seminar; and Association voting rights.

- () **Individual:** \$35.00
- () **Professional:** \$50.00
- () **Corporate:** \$200.00 (includes two non-transferable staff memberships)
- () **Non-Profit Organization:** \$200.00
- () **Benefactor:** \$200.00

(1) Name & Title

(For Corporate Members)

(2) Name & Title

(For Corporate Members)

- () **Limited Income: \$5.00 - \$15.00** (for individuals with a brain injury or family members with limited resources)
- () In addition to my membership, I would like to make a donation of \$ _____
- () I do not wish to renew, but I would like to make a donation of \$ _____

Please charge my credit card: Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____ / _____

Name as it appears on the card: _____

Billing Address: _____

Phone Number: _____

Authorized Signature: _____ Today's Date: _____ / _____ / _____

Make checks payable to: Brain Injury Alliance of New Jersey (BIANJ)

Mailing Address: 825 Georges Road, 2nd Floor, North Brunswick, NJ 08902

The Brain Injury Alliance of New Jersey, Inc. is a non-profit organization. Thank you for your continued support.

ADVOCACY ■ SUPPORT ■ EDUCATION ■ OUTREACH ■ PREVENTION