



## MEMBERSHIP FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

I am a:  Person with brain injury  Family Member - Relationship: \_\_\_\_\_  
 Friend of BIANJ  Professional - Field: \_\_\_\_\_

**Types of Membership:**

*Membership benefits include discounts on BIANJ events.*

Individual \$35.00  Professional \$50.00  
 Limited Income \$5.00  In addition to my membership, I would like to make a donation of \$ \_\_\_\_\_

**Payment Method:**

Check enclosed  Charge my credit card  
 Visa  MasterCard  American Express  Discover

Card #: \_\_\_\_\_

Exp.: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**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 is a nonprofit organization. Thank you for your continued support.*

ADVOCACY ■ SUPPORT ■ EDUCATION ■ OUTREACH ■ PREVENTION