



Membership Categories and Benefits

All Brain Injury Association of Michigan memberships provide:

- Participation in statewide, and local chapter activities at a reduced rate.
- Quarterly state eNews and monthly chapter newsletter
- Includes over 1,000 articles available at no charge
- Video lending library free (security deposit required)

Memberships may be for an individual or household) Consumer membership will not be denied due to inability to pay membership fees.

Supporting Member*

- All benefits indicated above
**(A reduced rate for those persons with a brain injury or a family member who has limited resources.)*

Contributing Member

Additional benefits include:

- BIAA's "THE Challenge" (published quarterly)
This newspaper contains excellent general information about brain injury and activities around the country.

Sustaining Member

Additional benefits include:

- BIAA's "THE Challenge" (published quarterly)
- Recognition in Brain Injury Association of Michigan publications.

To extend your Membership

Simply **complete missing information and correct the pre-printed information** and mail with your payment to:

Brain Injury Association of Michigan
7305 Grand River, Suite 100
Brighton, MI 48114-7379

MEMBERSHIP EXPIRES ON _____

Member Name _____

Home Address Work Address (check one)

Home Phone Work Phone (check one)

Home E-Mail Work E-Mail (check one)

Membership Category

- Supporting \$ 6.00 *
- Contributing \$ 38.00
- Sustaining \$100.00

**(A reduced rate for those persons with a brain injury or a family member who has limited resources.)*

Payment

- MasterCard VISA
- Discover AMEX

Name on Card _____
Address on Card _____
Card Number _____

Exp. Date _____ CID # _____

Check (Please make the check payable to the Brain Injury Association of Michigan)

Member Demographics

Check appropriate box

- Person with a brain injury
- Family member
 - Parent Sibling
 - Spouse Offspring
- Caregiver
- Friend
- Work in brain injury field
 - Attorney Case Manager
 - Healthcare School services
 - Social services
- Other _____

Gender

- Male
- Female

Marital Status

- Single
- Married
- Divorced
- Widowed

Race

- African American
- Asian Pacific
- Caucasian Non-Hispanic
- Hispanic
- Native American
- Other _____
- Unknown

Family Information

Family Members in household (names/relationships)

