



Membership Categories and Benefits

All Brain Injury Association of Michigan memberships provide:

- Participation in statewide, and local chapter activities at a reduced rate.
- Participation in national BIAA activities at a reduced rate.
- Quarterly state newsletter 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:

- Six issues of BIAA's "TBI Challenge" (published bimonthly)
This newspaper contains excellent general information about brain injury and activities around the country.

Sustaining Member

Additional benefits include:

- Six issues of BIAA's "TBI Challenge" (published bimonthly)
- Recognition in Brain Injury Association of Michigan publications.

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 _____

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

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

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)
