



CORPORATE MEMBERSHIP

Annual Benefits to Corporate Members:

- Online Directory Listing
- BIAMI “BrainPower” newsletter
- BIAA Quarterly publication *The Challenge* emailed
- Discount for BIAMI Annual Fall Conference
- Discounts for all other educational conferences and webinars
- Invitation to BIAMI Spring Fling and Annual Meeting

Corporate Membership Annual Fee: \$295

- Includes 2 individual members (president and corporate contact)
- Additional members can be added for \$40 each, a savings of \$8 per member

Your Membership Will Allow Us To:

- **Provide needed assistance** to over 3,500 civilians and veterans living with brain injuries, their families, and the professionals who serve them.
- **Increase our statewide outreach.** We’re enhancing and increasing our Chapters and support groups across the state in an effort to reach more of the over 98,000 individuals in Michigan currently living with TBI-related disabilities.
- **Grow our educational programs.** Our Annual Conference hosts over 1,500 attendees every year, while our November Conference, webinar series and educational seminars continue to draw more interest and attendees, both from within the state and across the country.
- **Enhance our advocacy efforts.** In conjunction with the Michigan Brain Injury Providers Council and CPAN, our advocacy efforts seek to protect and preserve the rights of brain injury survivors and their families, while advancing the cause of early and equal access to brain injury care and rehabilitation for all persons with brain injuries.

Company Name	Company Contact	Position/title	Email	Phone	Work; Cell; Home (Select one)
					W C H
Member First Name	Last Name	Position/title	Email	Phone	Work; Cell: Home (Select One)
					W C H
					W C H
Additional Members(at \$40 each)					W C H
					W C H

***Company Name:** _____

Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Check Enclosed – Please make payable to BIAMI Card Number _____ Exp. Date _____ CID# (3/4 digit) _____ Signature: _____ <input type="checkbox"/> I would like to AUTO RENEW my membership using this credit card information	CC Billing Name & Address (if different than mailing) _____ _____ _____	Additional Tax Deductible Donation: \$ _____ Total Charge on CC: \$ _____
Address Change or Update <input type="checkbox"/> Mailing _____ _____ <input type="checkbox"/> Physical _____ _____	Website / Phone Change or Update <input type="checkbox"/> Web URL _____ <input type="checkbox"/> Office Phone _____ <input type="checkbox"/> Office Fax _____ <input type="checkbox"/> Other _____	

Please check the boxes that pertain to your organization:

<input type="checkbox"/> Alcohol/drug dependence program <input type="checkbox"/> Behavior Intervention <input type="checkbox"/> Case Management <input type="checkbox"/> Chemical Dependency Programs <input type="checkbox"/> Cognitive Therapist <input type="checkbox"/> Coma Management <input type="checkbox"/> Construction (Barrier Free) <input type="checkbox"/> Counseling / Psych Services <input type="checkbox"/> County Office	<input type="checkbox"/> Day Treatment <input type="checkbox"/> Drivers Education/Training <input type="checkbox"/> Home Health Care <input type="checkbox"/> Hospital <input type="checkbox"/> Independent Living Center <input type="checkbox"/> Insurance Provider <input type="checkbox"/> Law Office <input type="checkbox"/> Life Care Planner <input type="checkbox"/> Long Term Care	<input type="checkbox"/> Medical Equipment <input type="checkbox"/> Nursing Home <input type="checkbox"/> Pain Management <input type="checkbox"/> Pediatric <input type="checkbox"/> Recreation Program <input type="checkbox"/> Rehab Provider <input type="checkbox"/> Respirator Dependent <input type="checkbox"/> State Agency / Office <input type="checkbox"/> Transportation	<input type="checkbox"/> Trauma <input type="checkbox"/> Traumatic Brain Injury Services & Prevention <input type="checkbox"/> VA Medical Center <input type="checkbox"/> Veterans Service Organization <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Vocational Rehab
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DIRECTORY: In addition to the above information – please make sure you have submitted updated information for your online directory listing. You can view your listing by going to <http://biami.org/directory-search.htm> and then typing in your organization name in the “facility name” search feature. There is also a form to use to update your information on this webpage. Updates, Logo changes and corrections can be sent to staff@biami.org.

We appreciate having you as a member and hope that you will continue to renew your membership. Our mission is “to enhance the lives of those affected by brain injury and to reduce the incidence of brain injury” which could not be achieved without members like you. If you have any questions regarding your membership, please call us at (810) 229-5880.