



BRAIN INJURY ASSOCIATION OF MISSOURI MEMBERSHIP

MEMBERSHIP MATTERS

Your Membership Matters as it makes a difference for survivors of brain injury and their families.

Your Membership provides the following programs of support, education, recreation and advocacy:

- Support groups
- Information and Referral Services
- Donald Danforth Jr. Wilderness Camp
- Social activities
- Annual Statewide Conference
- Survivor and Family Seminars
- Brain Injury Legislative Awareness Day

MEMBERSHIP MATTERS FOR YOU

Benefits of Membership with the Brain Injury Association of Missouri include:

- Discount to the BIA-MO Annual Statewide Conference.
- BIA-MO *Membership Matters* periodic newsletter.
- The Brain Injury Association of America *Connections* quarterly magazine.
- Knowing you are part of the voice of Brain Injury and having an impact.

MEMBERSHIP IS AN AFFORDABLE COMMITMENT.

- Survivor — Free for survivors of brain injury
- Family — \$35
- Professional — \$50
- Corporate/Organization — \$200
- Points of Light — \$500

Corporate and Membership special offers are on reverse side.

MEMBERSHIP SPECIAL OFFERS

Professional Members may “opt-in” to be listed on the Membership page of the BIA-MO website.

Enhance your Corporate Membership with a link from the BIAMO.org website.

- My annual membership is New Renewed
 - Points of Light (\$500 or more)
 - Corporate Membership (\$500 or more) with link from BIA-MO website.
 - Website address for link: _____
 - Corporate/Organization (\$200 or more) without link
 - Professional Members (\$50 or more)
 - List my name on the BIA-MO website
 - Family/Individual (\$35 or more)
 - Survivor of brain injury (free)

Donation in addition to my Membership \$ _____

Name: _____

Company/Agency: _____

Address: _____ Apt # _____

City/State/Zip Code: _____

Day Phone: (____) _____

NOTE: Personal information is for BIA-MO use only, including Membership benefits and recognition.

Payment: Check payable to **BIA-MO** or credit card

Visa or MasterCard # _____

Exp Date: _____ V-Code (on back): _____

Cardholder billing address (if different than above):

Zip code: _____

Mail to:

Brain Injury Association of Missouri
10270 Page Ave., St. Louis, MO 63132 or
fax credit card information to 314.426.3290