

MEMBERSHIP APPLICATION



BRAIN INJURY
ASSOCIATION
OF OHIO

APPLICANT INFORMATION

Name

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Membership Type : Student - \$20 Professional - \$50 Regular Membership - \$40

Your individual membership includes voting privileges and communications from the BIAOH and BIAA.

Corporate Membership - \$250

Constituent Membership - For survivors of brain injury, their families and caregivers. Constituent members are not required to pay the annual membership fee and will receive communications from the BIAOH and BIAA. All privileges of membership apply except voting and holding office.

Company
Name :

Email Address :

Full Address :

City / Country :

Zip Code :

I Am A :

Brain Injury
Survivor

Parent

Child

Professional

Sibling

Spouse

Other Family Member

Caregiver

You can submit payment online at www.biaoh.org at the donate button or you can mail payment via check with your application to:

P.O. Box 21325

Columbus, Ohio 43221

The Mission of the Brain Injury Association of Ohio is to create a better future through brain injury prevention, research, education and advocacy. Proceeds from all memberships also help support the work of the national association with which BIAOH is affiliated, The Brain Injury Association of America, Inc. BIAOH is a non-profit, tax exempt association and an Equal Opportunity Employer.

www.biaoh.org . (614) 481-7100 . membership@biaoh.org

THANK YOU FOR YOUR SUPPORT