

\_\_\_\_\_ I am a new member of the Brain Injury Association of Illinois

\_\_\_\_\_ I am renewing my membership in the Brain Injury Association of Illinois

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## Membership Application

### Membership Information

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_

Business: \_\_\_\_\_

E-Mail: \_\_\_\_\_

For Statistical Purposes:

- Person with brain injury
- Family member
- Friend of BIA of Illinois
- Pediatric interests
- Adult interests

I am interested in the following:

- Injury Prevention
- Educational Conference and Training
- Public Awareness and Advocacy
- Support Services
- Summer Camp Program

### **Mailing address**

Brain Injury Association of Illinois  
P.O. Box 70  
Palos Heights, IL 60463

Phone: (800) 699-6443

Fax: (312) 630-4011

E-mail: [info@biail.org](mailto:info@biail.org)

**Pay online at [www.biail.org/membership](http://www.biail.org/membership)**

The Brain Injury Association of Illinois is able to process the following:

\_\_\_ VISA \_\_\_ MasterCard \_\_\_ Discover

Name (as on card) and Signature:

\_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

### Types of Membership

\_\_\_ **Basic** **\$ 50.00**  
- Person who sustained a brain injury, or their family member

\_\_\_ **Basic Century** **\$100.00**

\_\_\_ **Professional** **\$100.00**  
- individual membership at the professional level

Occupation:

\_\_\_\_\_

\_\_\_ **Patron (Basic/Professional)** **\$500.00**

\_\_\_ **Organization** **\$275.00**  
- For any provider, business or organization, includes up to three memberships

\_\_\_ **Corporate Circle of Support**  
- Contact the BIA of IL for additional information **\$2000.00**