

# BRAIN INJURY ASSOCIATION OF MISSISSIPPI

## Membership Renewal

Please Check One

- I am a:
- Brain or Spinal Cord Injury Survivor
  - Family Member of a Survivor
  - Professional
  - Friend of BIA

	Type of Membership	Dues
	Individual/Family	\$35
	Professional	\$50
	Corporate	\$250
	TBI/SCI Survivor	\$5
	Donation	
	(Membership will not be denied to any person with a brain or spinal cord injury or their family members due to an inability to meet membership fees.)	
	Total Enclosed	

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Payment Enclosed: \_\_\_\_\_ Check \_\_\_\_\_ Master Card \_\_\_\_\_ Visa

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_