



BRAIN INJURY  
ASSOCIATION  
OF MISSISSIPPI

## 2011 Membership Form

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	

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

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

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

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