



Make A Difference in the Lives of Individuals with Brain Injury! Support BIAWA, Join Today!

Please print out, fill in, and mail this form to apply.

ANNUAL MEMBERSHIP APPLICATION FORM

Name: _____
 Address: _____
 City, State and Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Please check all that apply:

- Courtesy (Individual with Brain Injury) - \$5.00 Parent/Student Athlete-\$25
 - Basic (Individual) - \$35 Family Member - \$50
 - Professional - \$125 What Field? _____ * Free Video Included
 - Organization/**Business** - \$225 _____ * Free Video Included
- Please accept my additional donation of \$_____ to support the important work of the BIAWA.

Payment Method: (Please make all checks payable to the BIAWA)

Payment Enclosed Master-Card Visa
 Charge Card Number: _____: ccv on back: _____; Expiration date: _____
 Name as it appears on card: (Please Print) _____
 Signature: _____
Total Amount Enclosed: _____

The BIAWA is a 501(c) (3) non-profit organization. Membership Contributions to the BIAWA are tax-deductible.

Please mail this form with payment (or payment info):

Brain Injury Association of Washington
 Mailing Address: PO Box 3044, Seattle, WA 98114877-824-1766 Toll-Free Washington TBI Resource Line