



Membership only \$10.00

**Brain Injury Association
of Grey-Bruce**

Mail Address
Box 481
Owen Sound, ON
N4K 5P7

Phone 373-8555

MEMBERSHIP FORM

Name: _____

Address: _____

Phone #: _____ Email: _____

Please Choose:

- Individual Membership \$10.00 (per person with one vote)
- Family Membership \$20.00 (with two votes)

****A voting member is a paid member over the age of 16. If more than two people over the age of 16 in the family wish to have voting rights, they must purchase an individual membership.**

Are you a: survivor _____ parent _____ spouse/partner _____ support person _____

Other _____

Would you come out to support meetings? Yes _____ No _____

If you would attend support meetings, what type of activities would interest you?
(Check as many as you like)

social gatherings _____ information sessions _____ resources _____

Other _____ please specify _____

Would you be willing to volunteer to help with the Brain Injury Association through:

Support group/direct service _____ fundraising _____ Com. Awareness/Education _____

Other – please specify _____

How do you feel our local Association could benefit you and/or the person you care for?

Signature _____

Date _____