

BRAIN  INJURY  
ASSOCIATION  
of A R I Z O N A

## Membership Application

Please complete all sections of this form. Membership covers a calendar year beginning the month of receipt of your application.

Today's Date \_\_\_\_\_

Please Check one

\_\_\_\_\_ Survivor

\_\_\_\_\_ Family member / Caregiver

\_\_\_\_\_ Friend

\_\_\_\_\_ Professional

Specialization \_\_\_\_\_

\_\_\_\_\_  
Last Name, First Name, Middle Initial, Suffix

\_\_\_\_\_  
Organization / Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone / Fax

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

### Membership Categories

Includes quarterly newsletter, notification of conferences and events, public policy updates and national publications, and listing in our annual report and website.

\_\_\_\_\_ Circle of Friends, \$76 to \$499

\_\_\_\_\_ Professional, \$75

\_\_\_\_\_ Basic, \$35

\_\_\_\_\_ Student, \$10

\_\_\_\_\_ Courtesy/Special Rate, \$5

\_\_\_\_\_ Please list my membership/contribution as "anonymous" in all public listings.

The courtesy / special rate is for persons with a brain injury or family members who have limited resources. The \$5 fee will help process your application and in the mailing of materials. Benefits are the same as a basic membership. Membership will not be denied to anyone based on his/her ability to pay.

\_\_\_\_\_ Please call me.... I would like to volunteer! Phone # \_\_\_\_\_

If you wish to charge your membership payment, please complete:

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please make your check payable to the: **Brain Injury Association of Arizona**

And mail to:  
**777 E. Missouri Ave., # 101**  
**Phoenix, AZ 85014**