

Membership and Donation Form

Join Us

Please consider how you can help bring a lifetime of hope and opportunity to brain injury survivors and families through education and information by becoming a member and/or renewing your membership.

HERE IS MY DONATION: \$_____.

SIGN ME UP FOR A MEMBERSHIP:

- \$35 Individual Membership**
- \$50 Family Membership**
- Special Rate**

(Brain Injury survivors with a financial hardship may contact us to request a special annual membership rate.)

Name: _____

Email: _____

Organization and Position *(if applicable):* _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Mobile: _____ **Other:** _____

CREDIT CARD

Visa

Mastercard

AMEX

CARD NUMBER _____

Expiration Date _____

CHECK

PLEASE MAKE CHECK PAYABLE:

BIARI or Brain Injury Association of Rhode Island

SEND TO:

BIARI

1017 Waterman Ave.

East Providence, RI 02914