



## INDIVIDUAL MEMBERSHIP

### Annual Benefits to Individual Members:

- BIAMI “BrainPower” newsletter
- BIAA Quarterly publication *The Challenge* emailed
- Discount for BIAMI Annual Fall Conference
- Discounts for all other educational conferences and webinars
- Invitation to BIAMI Spring Fling and Annual Meeting

### Your Membership Will Allow Us To:

- **Provide needed assistance** to over 3,500 civilians and veterans living with brain injuries, their families, and the professionals who serve them.
- **Increase our statewide outreach.** We’re enhancing and increasing our Chapters and support groups across the state in an effort to reach more of the over 98,000 individuals in Michigan currently living with TBI-related disabilities.
- **Grow our educational programs.** Our Annual Conference hosts over 1,500 attendees every year, while our November Conference, webinar series and educational seminars continue to draw more interest and attendees, both from within the state and across the country.
- **Enhance our advocacy efforts.** In conjunction with the Michigan Brain Injury Providers Council and CPAN, our advocacy efforts seek to protect and preserve the rights of brain injury survivors and their families, while advancing the cause of early and equal access to brain injury care and rehabilitation for all persons with brain injuries.

Please indicate which membership level you would like and fill out the next page:

<p><input type="checkbox"/> <b>Survivor</b> <b>FREE LIFETIME</b> <b>MEMBERSHIP</b></p> <p>Complimentary membership for persons with a brain injury</p>	<p><input type="checkbox"/> <b>Individual \$48.00</b></p> <p>(\$10 Scholarship Rate available for family member with limited resources) (This price includes corporate individuals)</p> <p><b>Added Benefits:</b> -<i>The Challenge</i> via US Mail</p>	<p><input type="checkbox"/> <b>Sustaining \$148.00</b></p> <p><b>Added Benefits:</b> -<i>The Challenge</i> via US Mail -Bi-Monthly Subscription to <i>The Journal of Head Trauma Rehabilitation</i></p>
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**Member Name:** \_\_\_\_\_

*First Middle Initial Last*

**Address:**  Home  Work

**Phone:**  Home  Work \_\_\_\_\_

**Email:**  Home  Work \_\_\_\_\_

**Billing Address (if different than above):**

\_\_\_\_\_  
\_\_\_\_\_

**Payment:**  Visa  MasterCard  Discover  AMEX

Check Enclosed – Please make payable to BIAMI

**Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**3/4 digit CVV#:** \_\_\_\_\_

I would like to AUTO RENEW my membership using this credit card information

**Association with Brain Injury:**

Person with a Brain Injury –Cause (Auto-related y/n; Other(please specify)\_\_\_\_\_

Date of Injury \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Member  Parent  Spouse  Sibling  Child  Caregiver  Friend

Work in BI Field; Occupation: \_\_\_\_\_

**Demographics:**

Male  Female

Single  Married  Divorced  Widowed

African American  Asian Pacific  Caucasian Non-Hispanic  Hispanic  Native American

Additional Members in family: (List name & Relationship)

\_\_\_\_\_  
\_\_\_\_\_

**Please fill out this form and send to the Brain Injury Association of Michigan.**

**Fax:** 810-229-8947

**Email:** [staff@biami.org](mailto:staff@biami.org)

**Mail:** 7305 Grand River, Suite 100  
Brighton, MI 48114

For any questions about membership or its benefits, feel free to contact the office at 810-229-5880.