

BIA of Rhode Island, Inc. MEMBERSHIP FORM

New Member? Renewal?

Member Name _____

(Company Name) _____

Address _____

City _____ State _____ Zip _____

Home Phone No. (_____) _____ Work Phone No. (_____) _____

E-Mail Address: _____

Professional Field: _____

Membership Categories

Basic \$35.00 Professional \$50.00

**Corporate \$200.00 Entry \$5.00*

Membership will not be denied due to inability to pay membership fees.

*(A reduced rate for those persons with a brain injury or a family member who has limited resources.)

** Includes two individual memberships, print both names.

Payment

By Check or MasterCard or VISA

Card No.: _____ Expiration Date: _____

Signature: _____

Please make checks payable to: **Brain Injury Association of Rhode Island, Inc.**

Please mail completed form with your contribution to:

BIA of Rhode Island

935 Park Avenue, Suite 8

Cranston, RI 02910-2743

Thank you for your support! BIARI is a 501(c)(3) non-profit organization

Community Health Charities of New England, SECA + Combined Federal Campaign #2580