

SABIS MEMBERSHIP APPLICATION

April 1, 2011 to March 31, 2012

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE: _____, EMAIL: _____

DATE: _____

- | | | |
|--|--------------|----------|
| <input type="checkbox"/> Individual Membership | Annual Dues: | \$ 10.00 |
| <input type="checkbox"/> Family Membership | Annual Dues: | \$ 15.00 |
| <input type="checkbox"/> Professional Membership | Annual Dues | \$ 20.00 |
| <input type="checkbox"/> Non-Profit Agency | Annual Dues | \$ 20.00 |
| <input type="checkbox"/> Corporate Membership | Annual Dues | \$100.00 |

Objects of Society

1. To provide emotional support for persons with brain injury, their families and support networks.
2. To develop effective personalized systems of support during the recovery process.
3. To ensure effective education to heighten awareness of acquired brain injury, its causes and effects.
4. To advocate on behalf of persons affected by brain injury in promoting optimal service delivery.
5. To encourage and facilitate the further development of services and programs designed to support those affected by brain injury.

Yes, I support the objects of the society; _____
Signature

Please make your cheque payable to SABIS and thank you for your support.