

## **Southern Alberta Brain Injury Interest Society**

Corporate Registration: May 27, 1985; File number: 503287823

### **Application For Associate Membership**

To become an Associate member, applicants must complete this application form and support the objects of the society.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### **Objects of the 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, \_\_\_\_\_  
(Please, Sign Your Name)

#### **Entitlements of Associate Members**

1. Attend Peer Support Groups
2. Receive individually Directed Support Services
3. Attend After Brain Injury Information Series
4. Borrow Library Materials
5. Participate in Leisure and Recreational Activities
6. Receive six newsletters annually
7. Photo Identification

**Application Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_