



The Brain Injury Society 2018 MEMBERSHIP APPLICATION

As a member, I am helping to support the work of The Brain Injury Society (SOSBIS).

MEMBERSHIP BENEFITS

- Members will be placed on our mailing list or email list and receive any mailings sent throughout the year – including our quarterly newsletter BrainWaves
- Members are eligible to vote at the Annual General Meeting
- Memberships cover a one-year period from January 1 – December 31

Name _____ Date _____

Address _____ City/Prov _____

Postal Code _____ Email _____

Phone (h) _____ Phone (work/cell) _____

MEMBERSHIP LEVELS - PLEASE SELECT ONE (We will no longer be issuing membership cards).

- | | | | | |
|--------------------------|--|------------------|---|--------|
| <input type="checkbox"/> | Individual with brain injury | \$10.00 | <input type="checkbox"/> | Cash |
| <input type="checkbox"/> | Interested Community Member/Paid Caregiver | \$20.00 | <input type="checkbox"/> | Cheque |
| <input type="checkbox"/> | Family | \$25.00 | | |
| <input type="checkbox"/> | Corporate | \$100.00 | | |
| <input type="checkbox"/> | Donation to further our work | Amount: \$ _____ | (A tax receipt will be issued over \$10.00) | |
- Please note: Donations can also be made online via CanadaHelps.org at any time!**

At SOSBIS we value and respect our relationship with you. We also work hard to provide information that is current and relevant to you such as the BrainWaves newsletter, program and event updates. However, with Canada's Anti-Spam Legislation we require your consent to communicate with you electronically.

I give my permission to be added to the SOSBIS electronic mailing list, by initials on this line _____

Would you like to receive the BrainWaves newsletter/correspondence by email? _____ Yes _____ No

Please mail or hand deliver your payment to:

#2 – 996 Main Street, Penticton, BC, V2A 5E4

Phone: 250-490-0613 Fax: 250-490-3912 Email: info@sosbis.com Website: www.sosbis.com