

# BIAC Membership Form



Please complete and return, even if information has not changed, so that we can be sure our records are up-to-date. All memberships are valid for one-year from the date of registration.

Contact Name: \_\_\_\_\_  
Organization Name (if applicable): \_\_\_\_\_  
Email: \_\_\_\_\_

Mailing Information (please check which applies):  Home  Business

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I am a: (circle one) Survivor Supporter Family Member Professional

If you are a survivor and dues pose a hardship, please indicate here: \_\_\_\_\_ (membership fees will be waived)

## For Individual & Families

**\$25 Individual Membership** *Discounts to BIAC events, BIAC magnet & invitation to Member Breakfast*

**\$50 Family Membership** *Discounts to BIAC events, BIAC magnet & invitation to Member Breakfast*

Name / Email \_\_\_\_\_

Name / Email \_\_\_\_\_

Name / Email \_\_\_\_\_

Membership Subtotal	\$ _____
Additional Donation	\$ _____
<b>TOTAL</b>	\$ _____

## For Professionals and Organizations

**\$100 Professional/Organization Membership** *For professionals/organizations without Providers Council Membership*

**\$175-\$500 Providers Council Membership** (Select appropriate enrollment level below)

\$175 For professionals/organizations with an annual budget UP TO \$200,000

\$350 For professionals/organizations with an annual budget OVER \$200,000

\$500 For professionals/organizations with an annual budget OVER \$400,000

*The council meets bimonthly and serves as an important resource for networking, updates regarding the ABI waiver and education about issues important to organizations that serve individuals with brain injury.*

**\$400 Premium Package (add on benefit for both Professional & Provider Council Memberships + \$400)**

- Business Listing in BIAC's Annual Conference Program Book
- Exhibitor space at the Walk for Thought
- Company link & logo in one (1) issue of BIAC's e-newsletter
- Breakfast with BIAC's Executive Director and Board Members

Membership Subtotal	\$ _____
Additional Donation	\$ _____
<b>TOTAL</b>	\$ _____

Online Registration available at [www.biact.org](http://www.biact.org)

Please make checks payable to BIAC: Mail payment and form to: BIAC, 200 Day Hill Rd, Ste. 250, Windsor, CT 06095