## **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.

Organization Name	e (if applicable):			
Mailing Informatio	on (please check which applies):	Home 🗖		
			Zip:	
am a: (circle one) Survivor Supporter Family Member				
f you are a survivo	r and dues pose a hardship, ple	ase indicate here:	_ (membership fees will be wai	ved)
For Individ	dual & Families			
□ \$25 Individua	al Membership	Discounts to BIAC eve	ents, BIAC magnet & invitation to	o 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 TOTAL	\$ \$ \$
For Professionals and Organizations				
<b>\$100</b>	Professional Membership	For pr	ofessionals without Providers Council N	Летbership
	\$175-\$500 Providers Council Membership (Select appropriate enrollment level below)  \$\textsize \text{\$175} \text{ For professionals/organizations with an annual budget UP TO \$200,000}  \$\text{\$350} \text{ For professionals/organizations with an annual budget OVER \$200,000}  \$\text{\$500} \text{ 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			
	•	•	serve individuals with brain inju	~
<b>□</b> \$400	<ul> <li>Premium Package (add on benefit for both Professional &amp; Provider Council Memberships + \$400)</li> <li>Business Listing in BIAC's Annual Conference Program Book</li> <li>Exhibitor space at the Walk for Thought</li> <li>Company link &amp; logo in one (1) issue of BIAC's e-newsletter</li> <li>Breakfast with BIAC's Executive Director and Board Members</li> </ul>			
			Membership Subtotal Additional Donation TOTAL	\$ \$ \$