

# International Brain Injury Association

## Membership/Renewal Application

I am a  new  renewing member

Please fill in your name and mailing address:

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

The address above is my  Business  Home address

Please check one:

- |   |  |
|---|--|
| <input type="radio"/> Attorney            | <input type="radio"/> Neurosurgeon                         |
| <input type="radio"/> Behaviorist         | <input type="radio"/> Nurse                                |
| <input type="radio"/> Case Manager        | <input type="radio"/> Psychiatrist                         |
| <input type="radio"/> Cognitive Therapist | <input type="radio"/> Physical Therapist (Physiotherapist) |
| <input type="radio"/> Consumer            | <input type="radio"/> Neuropsychologist                    |
| <input type="radio"/> Educator            | <input type="radio"/> Occupational Therapist               |
| <input type="radio"/> Neurologist         | <input type="radio"/> Speech Language Pathologist          |
|   | <input type="radio"/> Other                                |

Annual Membership Fee  Full \$250.00  
(includes subscription to the Journal *Brain Injury*)

Select Payment Method

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="radio"/> Credit Card | <input type="radio"/> Check (Payable to IBIA) | <input type="radio"/> Please bill me   |
| <input type="radio"/> Visa        | <input type="radio"/> Mastercard              | <input type="radio"/> American Express |

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

For IBIA use

DateRec \_\_\_\_\_ DateEnt \_\_\_\_\_ PmtM \_\_\_\_\_ InvD \_\_\_\_\_ FVA \_\_\_\_\_ PW \_\_\_\_\_

RETURN BY MAIL:

International Brain Injury Assn.  
PO Box 1804  
Alexandria, VA 22313  
USA

RETURN BY FAX:

(703) 960-6603

QUESTIONS:

(703) 960-0027