



BRAIN INJURY ASSOCIATION
WATERLOO WELLINGTON

Annual Membership

Membership term: 1 Year.

Must be an active member to vote at our Annual General Meeting

Thank you for your Support - It is greatly appreciated

Brain Injury Association of Waterloo-Wellington (BIAWW)

493 Lancaster St. W. Suite 205 Kitchener, ON N2K 1L8

Website: www.biaww.org Email: info@biaww.com

Please complete this form and return it to us with your annual membership fee payment.

Annual Membership Fee

- Professional / Business: \$100
- Family: \$30
- Individual: \$20
- Survivor: \$5

Make Cheque payable to:

The Brain Injury Association of Waterloo-Wellington

Organization: _____

Type of business/profession: _____

Name: _____

Email: _____ **Phone:** _____

Address: _____

City: _____ **Postal Code:** _____

I would like to make an additional donation to help further the work of the BIAWW. I have included this amount with my Membership cheque.

- \$25 \$50 \$75 \$100 Other _____

Registered Charity #891146862RR0001