



Manitoba Brain Injury ASSOCIATION

MBIA Membership

By becoming an **mbia** member, you will benefit from all of our programming and will help sustain the vital support, prevention and advocacy services we provide.

.....
name

.....
address

.....
city province postal code

.....
email

.....
daytime phone evening phone

- Individual \$15
- Family \$20
- Non-profit \$30
- Corporate \$50

MEMBERS WAIVER

As a member of **mbia**, we may photograph you during events for promotional purposes.

- Yes, I/we give **mbia** permission to use photos.
- No, I/we do not give **mbia** permission to use photos.

TELL US ABOUT YOURSELF:

- I am living with a brain injury.
- Someone in my family is living with a brain injury.
He or she is my :

.....

- Other (describe)

.....

BECOME A VOLUNTEER

- I'd like to volunteer to make a difference in the lives of those living with a brain injury. Please contact me with further information.

Please mail this form with payment to the **mbia** office.

