

# BRAIN INJURY NETWORK OF NORTHERN MICHIGAN MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

**NEW      RENEWAL      (PLEASE CIRCLE)**

Name:		Date	
Credentials:			
Organization:			
Address:			
City:	State:	ZIP Code:	
Email address:			
Website:			
Work:	Home:	Cell:	Fax:
Do you want to be listed on the website	Yes	No	
What heading do you want to be listed:			

<b>X</b>	<b>MEMBERSHIP OPTIONS - RENEWABLE IN JULY</b>
<input type="checkbox"/>	Individual (\$25.00)
<input type="checkbox"/>	Corporate (\$100.0 – up to 5 Members)
Total Members	
<input type="checkbox"/>	Additional Corporate Member (\$20.00/member)
Total Members	
Grand Total	

Bring to a meeting  
Or  
Mail to:

Brain Injury Network of Northern Michigan  
PO BOX 504  
Traverse City, MI. 49685-504  
[www.braininjurynorth.com](http://www.braininjurynorth.com)