



nanaimo brain injury society

**SOCIETY MEMBERSHIP FORM / DONOR FORM
YEAR: 2015-16**

MEMBER / DONOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____ E MAIL _____

SIGNATURE: _____ DATE: _____

MEMBERSHIP LEVELS – PLEASE SELECT ONE

\$10 REGULAR (VOTING) \$5 LOW INCOME (VOTING)

\$10 ASSOCIATE (STAFF – NON VOTING)

OR, MY DONATION OF: \$ _____ (TAX RECEIPT ISSUES FOR DONATIONS OVER \$25)

MEMBERSHIP BENEFITS

- Membership helps support us in meeting the unique and diverse needs of persons living with brain injury
- Members will be placed on our mailing list and receive mailings about special events throughout the year.
- Members are eligible to vote at the Annual General Meeting.
- Memberships cover a one-year period from April 1st to March 31st.

METHOD OF PAYMENT

CASH CHEQUE PAYABLE TO: NANAIMO BRAIN INJURY SOCIETY

**PLEASE MAIL OR HAND DELIVER YOUR PAYMENT TO:
NANAIMO BRAIN INJURY SOCIETY
#285 PRIDEAUX STREET, NANAIMO, BC V9R 2N2**

#285 PRIDEAUX STREET, NANAIMO, BRITISH COLUMBIA V9R 2N2
Tel: 250-753-5600 Fax: 250-753-5607 Email: nbis@shaw.ca Web: www.nbis.ca
Charitable #: 89010 4060 RP0001

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