



nanaimo brain injury society

## MEMBERSHIP FORM

### MEMBER 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)

### MEMBERSHIP BENEFITS

- Members help support us in meeting the unique and diverse needs of persons affected by ABI
- Members will be placed on our mailing list and receive any mailings sent throughout the year.
- Members are eligible to vote at the Annual General Meeting.
- Memberships cover a one-year period from April 1<sup>st</sup> to March 31<sup>st</sup>.

### METHOD OF PAYMENT

CASH

CHEQUE MADE PAYABLE TO NANAIMO BRAIN INJURY SOCIETY

PLEASE MAIL OR HAND DELIVER YOUR PAYMENT TO:  
NANAIMO BRAIN INJURY SOCIETY  
#101 – 55 VICTORIA ROAD, NANAIMO, BC V9R 5N9

TEL: 250-753-5600    FAX: 250-753-5607    EMAIL: nbis@shaw.ca    WEB: www.nbis.ca  
RECEIPTS ISSUED FOR CONTRIBUTIONS OF \$10 OR MORE / CHARITABLE REGISTRATION#: 89010 4060 RR0001

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Tel: 250-753-5600    Fax: 250-753-5607    Email: nbis@shaw.ca    Web: www.nbis.ca  
Charitable #: 89010 4060 RP0001

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