



Powell River Brain Injury Society MEMBERSHIP APPLICATION

Name : _____

Company : _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Home Phone : _____ Work Phone: _____

Fax : _____ E-Mail : _____

Type of Membership:

- | | |
|---|--|
| <input type="checkbox"/> Person with abi \$5.00 | <input type="checkbox"/> Individual -- \$20.00 |
| <input type="checkbox"/> Person with abi Free | <input type="checkbox"/> Non-Profit -- \$50.00 |
| <input type="checkbox"/> Family -- \$30.00 | <input type="checkbox"/> Corporate -- \$200.00 |

Donations in support of PRBIS

If you would like to make a donation to further support the work of PRBIS, please indicate below.
Donations are tax deductible.

- \$35.00 \$50.00 \$100.00 Other _____
- I have made provision for PRBIS in my will.
- I would like information on how to provide for PRBIS in my will.

Please make cheque payable to: **POWELL RIVER BRAIN INJURY SOCIETY**

Powell River Brain Injury Society
#101-7020 Duncan Street, Powell River, BC V8A 1V9
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www.braininjurysociety.ca