

Brain Injury Association of Oregon

+ New Member

+ Renewing Member

Name: _____

Street Address: _____

City/State/Zip _____

Phone _____

Email _____

Type of Membership

- + Basic \$35 (\$50 for family)
- + Professional \$50
- + Sustaining \$100
- + Survivor Courtesy \$ 0 (Donations from those able to do so are appreciated)

Sponsorship

- + Bronze \$250
- + Silver \$500
- + Gold \$1,000
- + Platinum \$2,000

Additional Donation/Memorial: \$ _____

In memory of: _____

(Please print name)

Member is:

- + Individual with brain injury
- + Family Member
- + Professional. Field: _____
- + Other: _____

Type of Payment

- + Check payable to BIAOR for \$ _____
- + Charge my VISA/MC/Discover Card \$ _____
- Card number: _____
- Expiration date: _____
- Print Name on Card: _____
- Signature Approval: _____

Please mail to:
BIAOR Membership
833 S. W. 11th, Suite 507
Portland, OR 97205
503-413-7707 or 800-544-5243
Fax: 503-413-6849