

# Join Us

*and help bring a  
lifetime of hope and  
opportunity to Florida's  
TBI families.*



**BRAIN  
INJURY**  
ASSOCIATION  
OF FLORIDA INC

Contact Name: \_\_\_\_\_ Spouse \_\_\_\_\_

Company : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Choose Membership:

- Individual**                      **\$35.00**
- Firm/Corporate**                **\$500.00**
- Additional Donation**        \$ \_\_\_\_\_

Please make checks payable to: BIAF  
Mail to: BIAF  
1637 Metropolitan Blvd., Suite B  
Tallahassee, Florida 32308

Credit Card Type:     VISA     MC     AMEX     DISCOVER

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*If payment of dues is a hardship, please contact our Executive Office in Tallahassee at 850.410.0103.*