



# The Voice of Brain Injury

**Your membership is an investment in our mission and in the people we help every day.**

## **Brain Injury Survivor: \$25**

### **Student: \$35**

### **Individual: \$52**

### **Family: \$75**

- Subscription to Brain Power Newsletter
- Eligibility for conference scholarships or Family Fund assistance
- Membership to the Brain Injury Association of America
- Ability to participate in elections for BIANYS Board of Directors
- Member discounts on BIANYS events and educational programming
- Member-only communications & updates from BIANYS
- Member-only area of [bianys.org](http://bianys.org)

## **Executive: \$160**

- Includes all benefits of Individual Membership
- Potential to be a presenter/speaker at a BIANYS Professional Development events
- Membership certificate suitable for framing
- Subscription to the Journal of Head Trauma Rehabilitation (\$193 value)

## **Organizational: \$650**

- Includes all benefits of Individual Membership
- Early notification for the potential to be a presenter/speaker at a BIANYS Professional Development events
- Membership certificate suitable for framing
- Subscription to the Journal of Head Trauma Rehabilitation (\$193 value)
- Subscription to BIAA Newsletter, the Challenge

Corporate Partnerships are available with additional benefits for organizations, agencies and businesses.  
Contact BIANYS to learn more or visit [bianys.org/membership](http://bianys.org/membership).

# JOIN US ON OUR MISSION

**Support. Educate. Advocate.**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Company \_\_\_\_\_  
(Student Members - indicate school here)

Address \_\_\_\_\_

County \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Print Listing \_\_\_\_\_  
(How you would like your name to appear in printed materials)

## Type of Membership:

- |   |  |
|---|--|
| <input type="checkbox"/> Brain Injury Survivor / \$25   | <input type="checkbox"/> Executive / \$160                 |
| <input type="checkbox"/> Student / \$35   | <input type="checkbox"/> Organizational Membership / \$650 |
| <input type="checkbox"/> Individual / \$52  |  |
| <input type="checkbox"/> Family / \$75  |  |
| <input type="checkbox"/> Yes, I would also like to provide a membership for someone else.<br>Please add \$_____ to my gift. |  |

For Corporate Partnerships Contact  
Eileen Reardon at ereardon@bianys.org

Membership donations are tax-deductible. Please consult your tax adviser regarding deduction.

If you need assistance paying membership dues, please contact BIANYS to discuss scholarship and payment options.

## Payment Information

\_\_\_\_\_ Enclosed is a check in the amount of \$\_\_\_\_\_

\_\_\_\_\_ Credit Card: Please pay online at [bianys.org](http://bianys.org) or contact us at 518-459-7911

Please return form to BIANYS  
4 Pine West Plaza, Suite 402  
Albany, NY 12205  
518-459-7911  
[info@bianys.org](mailto:info@bianys.org)