



Membership Matters

Professional Members

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The Brain Injury Association of Missouri (BIA-MO) helps thousands of individuals and families affected by brain injury each year. Our programs of support, education, recreation, and advocacy are offered for persons with brain injury, their families, professionals who provide care, and the community. Your Membership Matters and together we can create better futures for survivors of brain injury and their families.

How Your Membership Matters

Traumatic Brain Injury (TBI) is an intrusion, blow or jolt to the head or body that disrupts the normal functioning of the brain. Changes can also occur from within the body such as a stroke, aneurysm, anoxia or tumor. The severity of a brain injury may range from mild to severe and may result in functional changes in thinking, sensation, language, physical abilities, and emotions.

The brain injury incident often occurs in an instant, but has a lasting impact on the individual and his or her family.

Make Your Membership Matter

Benefits of Membership:

- Discount to the BIA-MO Annual Statewide Conference
- The Brain Injury Association of America *The Challenge* quarterly magazine.
- One-year subscription to *The Journal of Head Trauma Rehabilitation* for Professional and Corporate Memberships.
- Supporting BIA-MO services for survivors of brain injury and family members.
- Knowing you are part of the Voice of Brain Injury and having an impact.

Every 18 seconds someone sustains a brain injury. By the time you complete this Membership form another child or adult will have sustained a brain injury. Make your Membership Matter and sign-up today.

Brain Injury Association of Missouri Membership

My annual Membership is New Renewed

My annual membership is a New Membership Renewed Membership

Professional (\$100 or more)

List my Professional Membership on BIA-MO website

Corporate Membership (\$500 or more) with link from BIA-MO

Website address for link: _____

Corporate/Organization (\$200 or more) without link

Donation in addition to my Membership \$ _____

Name _____ Day Phone: (____) _____

Company/Agency _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

I prefer correspondence sent by email _____

Payment: Check payable to **Brain Injury Association of Missouri** or credit card.

Visa/Discover/MasterCard # _____ Exp Date _____ V-Code (on back) _____

Cardholder billing address (if different than above) _____ Zip Code _____

Mail to BIA-MO, 2265 Schuetz Road, Saint Louis, MO 63146-3409 or become a member on www.biamo.org