



BRAIN INJURY ASSOCIATION OF GEORGIA

The Brain Injury Association of Georgia (BIAG) celebrates 28 years of serving the brain injury community

ONE YEAR RENEWABLE MEMBERSHIP

I want to make a difference in the lives of people with brain injury by supporting BIAG with my Membership!

- Person with TBI/ABI \$10
Individual \$50*
Professional \$100
Partnership \$250
Supporting \$500
Sustaining \$1,000

*included in all membership levels

Support Group Member - Support Group Name: DATE:
New Member Renewal Person w/Brain Injury Family member or Caregiver Friend
Other:
I wish to remain anonymous As a member you may receive: Subscription(s) to: BIAA The Challenge! Neurology Now No Thanks
Mr. Mrs. Ms Dr. Name
Organization Legal Educational Rehabilitation Medical Psychological Other
Mailing Address
City State Zip Email:
Please do not send me emails (You can always check our website for the latest news or happenings)
Phone1 Phone2

Brain Injury Association of Georgia Wishes to Thank You!

Check enclosed made payable to Brain Injury Association of Georgia or BIAG
Mail to: Brain Injury Association of Georgia - 1441 Clifton Road NE - Atlanta, GA 30322
404-712-5504 - info@braininjurygeorgia.org - www.braininjurygeorgia.org

The Brain Injury Association of Georgia, Inc. is a non-profit 501(c)(3) organization #J518625



I want to make a difference in the lives of people with brain injury by supporting BIAG with my Donation!

DONATION – In MEMORY/HONOR Of

DONATION: \$ _____

IN MEMORY/HONOR: \$ _____

Do you wish a letter sent to someone for your Memory or Honor gift? Yes _____ No _____ Include My Name Yes _____ No: _____

Their Name/Address _____

Support Group Member – Support Group Name: _____ **DATE:** _____

Person w/Brain Injury **Family member or Caregiver** **Friend** **Other:** _____

I wish to remain anonymous

Mr. **Mrs.** **Ms** **Dr.** **Name** _____

Organization _____ **Legal** **Educational** **Rehabilitation** **Medical** **Psychological** **Other**

Mailing Address _____

City _____ **State** _____ **Zip** _____ **Email:** _____

Phone 1 _____ **Phone 2** _____

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