

Join Us

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



**BRAIN
INJURY
ASSOCIATION**
OF FLORIDA INC. 

Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Wk Phone: _____ E-Mail: _____

- Sustaining Supporter** (Any Individual - lump sum - non-voting membership) \$ 10.00
- Contact me to set up automatic monthly contributions** (Sustaining Only)
- Individual Membership** (Any Individual - voting membership) \$ 35.00
- Family Membership** \$ 50.00
- Professional Membership** \$ 75.00
- Special Rate** (For a survivor, or family member with financial hardship: Your contribution of \$5.00 or more helps defray the cost of processing your application, postage and printing.)

Check or Credit Card Accepted: VISA MASTERCARD

Card Number: _____ Expiration Date: _____

Make checks payable to: BLAF and Mail to: 1621 Metropolitan Blvd., Ste B Tallahassee, FL 32308