



Brain Injury Association of Montana

Membership Form

Who should join? Brain injury survivors, family and friends of survivors, nurses, physicians, therapists, clinicians, case managers, attorneys, and anyone else interested in brain injury prevention, education, and advocacy. Please join BIAMT by mailing your membership form today.

All fields marked with an * are required.

* Name _____

Organization/Business _____

* Mailing Address _____

E-mail address _____

* Telephone number _____

Membership category (check one):

___ Professional Organization/Business (\$250)

___ Single Professional (\$50)

___ Individual (\$35)

___ Other (\$_____)

Our quarterly Newsletter will be made available on our website. Please check here ___ if you do not have access to the internet and would like to receive a paper copy.

Professional members and Organizations/Businesses joining at the suggested donation level (or above) can choose to be advertised on our website at no additional cost (you will be called with details).

Discounted registration(s) for our annual conference will be available for members making a donation at or above \$35. Details will be provided in your conference registration packet.

Fax completed form to: (406) 541-4360

or mail completed form to: BIAMT 1280 South 3rd Street West; Suite #4, Missoula, MT 59801