Today’s Date:

Name:

*Last Name:*

Address:

*Optional*

City:

Phone:

E-Mail:

Are you 20 years of age of over? Yes\_\_\_\_ No\_\_\_\_\_

Are you an ABI Survivor \_\_\_\_\_\_\_\_

Are you a Care Giver \_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name:

Phone:

All members of a support group are encouraged to become Dual Members of the Brain Injury Association of London and Region & the Ontario Brain Injury Association, giving them full access to all the services of the organization(s). Members pay an annual membership fee but in cases of hardship there are opportunities for some subsidized fees. ***Persons choosing not to join the association will not be refused the service of a support group.***

Are you a member of the Brain Injury Association of London and Region: Yes \_\_\_\_\_ No \_\_\_\_

If not, would you like to become a member? Yes \_\_\_\_\_ No \_\_\_\_

Would you like to receive email information from the Association? Yes \_\_\_\_\_ No \_\_\_\_

How did you hear about us? \_\_\_\_\_ My Worker \_\_\_\_\_Newspaper \_\_\_\_\_Facebook \_\_\_\_\_ A Friend

 Other:\_\_\_\_\_\_\_\_\_\_

**Leader Use Only**

**Name of Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**