



# Corporate Membership Application

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Voting Representative (Name & Credentials) \_\_\_\_\_

Title \_\_\_\_\_

Dept or Business Unit (if applicable) \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### List Up to 3 Additional Company Employees to Receive Periodic Information

Name	_____	_____	_____
Title	_____	_____	_____
Dept	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
City	_____	_____	_____
State, Zip	_____	_____	_____
Phone	_____	_____	_____
Email	_____	_____	_____

As a duly authorized representative of the above-named corporation, I hereby apply for charter membership in the Brain Injury Business & Professional Council. I certify that my company is eligible for membership at the level marked below and hereby request monthly invoices (net 30 days) to pay my dues. I understand there is a non-refundable initiation fee of \$5,000, payable upon application, and membership is automatically renewed unless I cancel in writing.

Initiation Fee of \$5,000       Check Enclosed       Send Invoice (net 30 days)

Check One:

- Level 1 (annual revenue of \$15 million or more)      Annual Dues of \$15,000 / \$1250.00 monthly
- Level 2 (annual revenue of \$5 to \$15 million)      Annual Dues of \$10,000 / \$833.33 monthly
- Level 3 (annual revenue of \$5 million or less)      Annual Dues of \$5,000 / \$466.66 monthly

\_\_\_\_\_  
Signature of Voting Representative

\_\_\_\_\_  
Date

**Return to: Brain Injury Business & Professional Council, 1608 Spring Hill Road, Suite 110, Vienna, VA 22182  
Fax to 703-761-0755 or Scan to customerservice@biausa.org**