



**SPINA BIFIDA ASSOCIATION
OF CENTRAL INDIANA**

DATE REC _____
CHECK # _____
CHECK DATE _____
AMOUNT _____
SBACI USE ONLY
Rev. 11/18/09

Return to: Rachel Stotts
5721 Haverford Ave.
Indianapolis, IN 46220
membership@sbaci.org

Name _____

Address _____

City _____ State _____ Zip _____

Home phone # _____ County _____

E-mail address _____

I would like to receive all SBACI materials via e-mail. Yes No

<input type="checkbox"/> I <u>would</u> like my info published in an SBACI Membership Directory.

<input type="checkbox"/> I <u>would not</u> like my info published in an SBACI Membership Directory.

_____ **Platinum Membership - \$100**

_____ **Gold Membership - \$50**

_____ **Silver Membership - \$35**

_____ First year free for families of newborns.

_____ I am unable to pay, but would like to be a member of the SBACI.

_____ I would like my donation to remain anonymous.

Insights Into Spina Bifida, publication of the Spina Bifida Association, will no longer be available through chapter membership. If you still would like to receive this publication, please contact SBA at 1-800-621-3141.

I am (check one):

Adult with SB Relative or Friend Parent of a child with SB
 Grandparent Medical Professional Other _____

Vietnam Veteran information:

I am a parent of a child with SB and I served in Vietnam

I have SB and my mother or father served in Vietnam

Family information:

Child's name	Date of birth	With SB	W/O SB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer opportunities (please check all areas of interest):

<input type="checkbox"/> Fundraising	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Outreach Program
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Guest Speakers	<input type="checkbox"/> Telephone/Mailings
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Other _____

Comments or suggestions on how we can better serve your needs:

Please contact the following persons who may have an interest in joining this association:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail _____