

2010 MEMBERSHIP FORM

SBANCA / Spina Bifida Association of the National Capital Area

P.O. Box 523415
Springfield, VA 22152-5415
(703) 455-4900

Name & Address _____

_____ Date _____

_____ Enclosed are the annual dues of \$35, tax-deductible to the full extent of the law (with check payable to SBANCA). This fee includes full membership and benefits in the:

** **SBANCA** -- monthly support groups, annual holiday party, picnic, loan closet, membership directory, web site, individual support & assistance.

** **Chesapeake-Potomac Spina Bifida Association** -- *Spinal Column*, web site, resource directory, Special Needs Fund, conferences, new parent outreach, case management & career services.

_____ Enclosed is an additional tax-deductible donation of \$ _____.

_____ We would like to receive full membership benefits and request a fee waiver.

_____ We decline full membership. We do _____/do not _____ wish to remain on your mailing list.

Comments, suggestions for SBANCA: _____

For our Membership Directory (Please provide current E-Mail address and any new information or changes):

Home Phone _____ Cell _____

Work _____ Email _____

Person with spina bifida: _____ Birthdate: _____

Clinic/source of primary medical care: _____

School, College, or Occupation: _____

Level of lesion: _____ Assistive devices: _____

Major surgeries: _____

_____ Sibling/children & birthdates (if children): _____

Please return this form by January 31, 2010 or bring it with you to the SBANCA Holiday Party
Our United Way charity code is **8367**. Our CFC designation code is **21867**.

THANK YOU for your support and participation!!