

2012 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 \$25, 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, 2012 or bring it with you to the SBANCA Holiday Party. You can also email to Heather Weir at mandhweir@yahoo.com

Due to administrative error, we are not registered with the United Way for 2012. Due to this error we are in need of additional revenue sources. Please provide any donations that you would normally reserve for the SBANCA in your Combined Federal Campaign or United Way donation directly to SBANCA. Be on the lookout for a new donation button on our Website.

THANK YOU for your support!!