

MEMBERSHIP FORM (link to MBIPC Membership brochure as pdf)

New Member Renewal

Organization Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

* E-mail Address _____

* E-mail address required to access membersh-only online message board.

Website Address _____

- | | |
|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Vocational Programs |
| <input type="checkbox"/> Post Acute Programs | <input type="checkbox"/> Contractors |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Psychologists |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Community Services |
| <input type="checkbox"/> Other _____ | |

Membership Categories

- | | |
|--|--------|
| <input type="checkbox"/> Corporate Membership | \$ 600 |
| <i>(e-mail color logo as jpg file)</i> | |
| <input type="checkbox"/> Associate Membership | \$ 400 |
| <input type="checkbox"/> Individual Membership | \$ 200 |

Make checks payable and mail to:

Michigan Brain Injury Provider Council
8619 W Grand River, Suite I
Brighton, MI 48116-2334

Dues are not deductible as charitable contributions for income tax purposes. Dues may be considered ordinary and necessary business deductions.