



MEMBERSHIP and DONATION FORM

Please sign up now! Your membership is vital to our success.

First Name:		Last Name:			
Address:					
City:		Province:		Postal Code:	
Phone number:		Email:			

1. Please join FVBIA

I will sign up for my FVBIA Annual Membership

\$10 Individual
 \$50 Organization
 \$0 Courtesy

(Courtesy membership is available for low income individuals with an acquired brain injury)

2. Please make a donation

I will also support Fraser Valley Brain Injury Association's Programs and Services by donating

\$25
 \$50
 \$75
 \$ _____

3. Please become a sustaining member!

I would like to show my ongoing commitment to the work of FVBIA by becoming a sustaining member and making a monthly pre-authorized donation in the amount of:

\$10
 \$15
 \$25
 \$ _____

Payment Method (Credit Card)

Visa
 MasterCard

I authorize deductions for this amount on the

15th or
 last day of each month.

Card #:		Card Expiry (MM/YY):	
Authorization (Signature):		SIGNATURE DATE: (MM/DD/YY)	

3. Please return the form to:

Fraser Valley Brain Injury Association 201-2890 Garden Street, Abbotsford, BC, V2T 4W7, Fax: 604-850-2527 or info@fvbia.org

I understand that I may revoke my authorization at any time. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit (PAD) Agreement. For more information on my recourse rights or on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I agree to waive my right to receive pre-notification of any debits under this agreement. I acknowledge that I can request changes to the amount noted above by contacting Fraser Valley Brain Injury Association at 604-557-1913, 1-866-557-1913 or info@fvbia.org.

Fraser Valley Brain Injury Association is a federally registered charity BN # 87202 RR0001. As such FVBIA must collect some personal information in order to issue charitable tax receipts. This information includes name, address, email and phone number. FVBIA will use this information to contact you for further donations to support our programs, renew your membership, and send you newsletters and updates about upcoming events. All contributions will receive a tax receipt at the end of the calendar year. Submission of this form constitutes your consent of the collection and use of your information for the purposes listed above. You may withdraw or change your consent by contacting info@fvbia.org. All information will remain confidential.

#201 – 2890 Garden St. Abbotsford, BC, V2T 4W7 Ph.: 604-557-1913 T.F.: 1-866-557-1913 Fax: 604-850-2527 info@fvbia.org www.fvbia.org
 Funded in part by the Brain Injury Alliance, Province of BC & Fraser Health Authority Acquired Brain Injury Services



Know your limits, play within it.

