



BRAIN INJURY ALLIANCE

[contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)

[www.braininjuryalliance.ca](http://www.braininjuryalliance.ca)

# Membership Application

## **MEMBERSHIP RENEWAL ONLY!**

FOR NEW MEMBERSHIPS, PLEASE USE THE **MEMBERSHIP APPLICATION FORM**

**- Deadline For Membership Renewals -**

**Membership Renewals Must Be Received By No Later Than March 31st Of Each Year**

Brain Injury Alliance memberships must be renewed each year. Membership in the Alliance terminates when an agency no longer has a written agreement with the Alliance.

### **All membership renewals must be accompanied by:**

- Most recent audited financial statements
- Copy of your organization's constitution if changed for the new Societies Act
- Current list of the board of directors

**Please Note:** This membership renewal form must be saved to your desktop and opened from there before entering data.

Once completed, re-save and then attach the application and relevant documents to an email sent to [contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca).

Digital documents (such as .txt, .doc, etc.) are preferred when submitting supporting documents. If this is not possible, scanned supporting document files will be accepted.

### **Scanned Membership Renewal Forms Are No Longer Accepted!**

**This digital application form (pdf) is the only acceptable manner of application submission.**

We gratefully acknowledge financial assistance from the Province Of British Columbia



**Organization Name:**

**Date of Membership Renewal:**

### Changes To Organization

Attach a copy of your most recent audited financial records.

Have there been any recent changes to your constitution or society registration?

☐ Yes

☐ No

If so, please attach a copy of the revised document(s) for our records.

Have there been any major changes to your normally provided programs?

☐ Yes

☐ No

If yes, please briefly describe:

### Current Board Of Directors

Name	Professional Affiliation	Role On Board



Organization Name:

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- The Brain Injury Alliance reserves the right to deny a membership renewal request.
- All decisions by the board of directors are final.
- Membership does not guarantee a successful grant application.

We declare that the \_\_\_\_\_  
is eligible for membership and does hereby agree to be a member agency of the Brain Injury Alliance,  
and to abide by its constitution and bylaws.

Name of Authorized Officer: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Authorized Officer: \_\_\_\_\_

Name of Board Director: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Director: \_\_\_\_\_

To create a digital signature, double click on a digital signature field in the form, and follow the prompts to create one.

Should you encounter difficulty completing and saving this form, please email the issue(s) you are experiencing to: [contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)

**Scanned membership renewals are no longer accepted.**

(Scanned supporting documents are acceptable)

**This completed digital application form (pdf) is the only acceptable manner of submission.**