



BRAIN INJURY ALLIANCE

contact@braininjuryalliance.ca

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
- 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.

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:



Please attach a copy of your most recent audited financial records.

Changes To Organization

Please check one:	Yes	No
Have there been any recent changes to your constitution or society registration? If so, please attach a copy of the revised document(s) for our records.		
Have you made any changes to the way that services are provided in the communities that you serve using Alliance funds?		
Please list the communities that you serve from a local community venue using local staff (i.e.: an office, drop-in centre, rented space etc. which clients can attend):		
Please list the communities you serve using staff that travel from another community:		
Is your organization a registered non-profit society in the Province of BC?		
Is your organization a registered Canadian charity?		
Are your organization's board of directors and head office located in the Province of BC?		
Is the primary purpose of your organization, as stated in the organization's constitution, the provision of direct services to individuals living with an acquired brain injury?		
Are the services provided by the society available to any person whose primary disability is acquired brain injury?		
Does your organization provide services regardless of ability to pay, or upon the agreement of a third party to pay?		
Are your services focused on the choices and needs of the person with the brain injury, and is the individual considered to be the primary client?		
Does your organization provide the following:		
• One to one services (comprehensive case management, life skills, community access, outreach, etc.)		
• Services to groups of individuals with brain injury (brain injury education, facilitated support groups, drop-in supports, social events, etc.)		
• Services for family members and associates of persons with a brain injury		
• Community education programs and/or consultation services		
• Injury prevention programs and event services		
Are the services provided by your organization available on a frequent, regular, and as-needed basis?		



Organization Name:

Have there been any major changes to your normally provided programs? If yes, please briefly describe:

Current Board of Directors

Name	Professional Affiliation	Role on the 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

Scanned membership renewals are no longer accepted.

(Scanned supporting documents are acceptable)

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