

Membership Application Form

Types of Membership

- Full member: Victorian adult living with a brain injury
- Friend of BIM: Person who identifies with the aims of BIM but is ineligible to become a full member

Only full members may stand for a position on the Committee of Management or vote in elections.

Application (Please complete the following)

I wish to join Brain Injury Matters as a:

- Full member** (I am a Victorian adult living with an ABI)
- Friend of BIM** (please chose from the following)
 - I am an adult with an ABI living outside of Victoria
 - I am a child (under 18) living with a brain injury
 - I am a friend of family member of someone living with an ABI
 - I work with someone living with an ABI (e.g. health professional, support worker)

First Name:	
Last Name:	
Email Address:	
Phone #:	
Address:	
Postcode:	
Country (if not Australia):	

I am interested in:

- Virtual Coffee Mornings (online, weekly chat open to all members)
- Joining a Peer Support Group
- Receiving news about BIM's Activities

Please return application form to office@braininjurymatters.org or Brain Injury Matters, Level 4, 247-251 Flinders Lane, Melbourne 3000