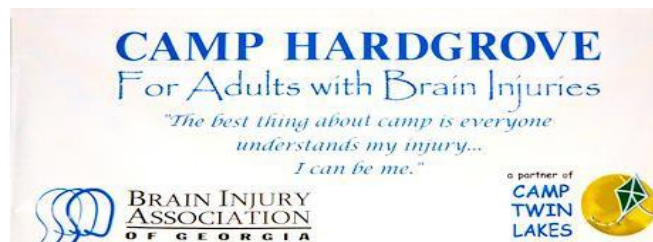


**ONE YEAR RENEWABLE MEMBERSHIP / DONATION for Camp Hardgrove**

*B.I.A.G. is a 501c3 non-profit organization, all memberships and donations are tax deductible.*

MEMBERSHIP LEVEL	DUES	BENEFITS
<input type="checkbox"/> TBI/ABI Survivor	<b>\$5 per person (1)</b>	➤ Reduced fees for programs (Camp Hardgrove reduced fee \$125)
<input type="checkbox"/> Family Member	<b>\$10 per person (1)</b>	➤ Reduced fees for programs (Caregiver Camp reduced fee \$125)  <b>Note: Number of attendees to Caregiver Camp is limited to 17 up to 2 allowed per camper</b>
<input type="checkbox"/> Individual (non-family/survivor status)	<b>\$50 per person (1)</b>	➤ I would like to become a member to show my support to Brain Injury Association of Georgia (Caregiver Camp reduced fee \$125 if attending as Individual)
<input type="checkbox"/> \$_____ I would like to help support the Camp Hardgrove Program by making a donation Comment: _____		
Check Nr: _____ Total Amount \$ _____ Date: _____ Camper Name: _____ <input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Support Group Member/Name of SG: _____ <input type="checkbox"/> Donation Name(s): _____ Mailing Address: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div> Phone Nr(s): _____ Email Address(s): _____		
Please print legibly! Use back of form if needed or to make comments		

**THANK YOU FOR YOUR MEMBERSHIP and/or DONATION**



**Separate check** for membership should be made payable to Brain Injury Association of Georgia  
**Return with completed Application if you apply to camp/caregiver camp**

If applying for membership only –not attending either camp - please mail this form w/check to  
 Brain Injury Association of Georgia, Attn: Jane Jackson, 1441 Clifton Road NE, Atlanta, GA 30322