

Membership Application
Spina Bifida Association: Albany/Capital District Chapter
YOUR INPUT IS IMPORTANT TO US EVEN IF YOU ARE UNABLE TO
BECOME A PAID MEMBER AT THIS TIME.
PLEASE COMPLETE THIS FORM AND RETURN IT IN THE ENCLOSED ENVELOPE
TO ASSIST US IN BETTER UNDERSTANDING YOUR NEEDS AND INTERESTS
RELATED TO OUR ORGANIZATION.

_____ I am enclosing my dues and look forward to receiving the local newsletter, Insights (the newsletter of Spina Bifida Assoc. of America) & notification of local chapter functions.

_____ I am unable to become a paid member at this time. I understand that I will not receive Insights, the newsletter of the Spina Bifida Association of America.

_____ Please delete my name from the mailing roster. I understand that I will no longer receive the local chapter newsletter, Insights, or notices of local chapter functions.

MEMBERSHIP/RENEWAL APPLICATION FORM AND SURVEY

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ - _____

COUNTY: _____

PHONE: (DAY) _____ **(EVENING)** _____

E-MAIL: _____

***Name of individual with Spina Bifida:** _____

Date of Birth: _____ **Male** ___ **Female** ___ **Number in Family** _____

** National SBAA requests this information for tracking and research purposes.*

****MEMBERSHIP FEES ARE \$25.00 PER YEAR (Per family)****

****Make checks payable to SBA: Albany/Capital District Chapter****

**** Mail to: 109 Spring Road, Scotia, NY 12302**

Please help us to know who we are serving and check all that apply:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Parent(s) of a child with spina bifida | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Grandparent(s) of a child with spina bifida | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Adult with spina bifida: Age _____ | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Family Member: Relationship _____ | |
| <input type="checkbox"/> Other: Please indicate your interest in the association: _____ | |
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Do you want to receive our chapter newsletters? Yes _____ No _____

Do you find the email updates helpful that we send out periodically?
Yes _____ No _____ NA _____

We are exploring a variety of activities for this year. Please indicate those that interest you the most. (All activities are intended to be accessible.)

- | | |
|--|--|
| <input type="checkbox"/> white water rafting | <input type="checkbox"/> accessible tennis lessons |
| <input type="checkbox"/> weekend at Double "H" | <input type="checkbox"/> pre-teen/teen support group |
| <input type="checkbox"/> day trip to Mohunk Preserve | <input type="checkbox"/> Adult Social Group |
| <input type="checkbox"/> ice skating outing | <input type="checkbox"/> Under-10 family activity |
| <input type="checkbox"/> Other – please feel free to indicate ideas that you have that we might want to consider as a chapter. _____ | |
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Our board of directors has served this chapter for many years. Do you have an interest in serving our organization and helping to guide the chapter's future? Do you know of someone in the community who would be willing to serve on our board? The board of directors meets 4 times/year. Occasional communications occur between board meetings via phone, email, or letter. New volunteers are always needed and welcomed! Please call or email for information.

Elections of new officers will be held at the October membership meeting each year.

Do you have any other information or ideas that you would like to share that might be helpful to us in planning for the upcoming year?

*Thank you for your time and the input that you have offered above.
Feel free to call, write or e-mail any time you have something that you would like to share!*
