



2009 REGISTRATION FORM

Name: First Name(s) Last Name

Address: Street

City State Zip Code

County E-mail:

Phone: Alternate Phone:

Y N I would like to be included in the SBADV Membership Directory. (Only distributed to SBADV members and SBA)

Individual and Family Registration (\$20.00) (Open to individuals with Spina Bifida, their spouses, parents, and legal guardians of minors; will receive the SBADV Newsletter)

Please Indicate:

Adult with Spina Bifida

Parent(s) of an individual with Spina Bifida

Parents and Adults with Spina Bifida PLEASE INDICATE:

Name of individual with Spina Bifida Sex: M F

Date of Birth (will be kept confidential for adults) Number of Siblings Number of Family Members

Relative(s) of an individual with Spina Bifida (Indicate name of individual and relationship)

Please waive my fee due to financial hardship.

Associate Registration (\$25.00) (Open to anyone in the community; will receive the SBADV Newsletter)

Professional, Business, and Service Groups please fill in where applicable:

Student in the Health Field Medical Professional Educational Professional Business

Business Name Specialty Title

SBA National Newsletter "Insights" (\$20.00) (Open to anyone wishing to receive the national newsletter)

\*\*Donation: I would like to make a donation to the Spina Bifida Association of Delaware Valley: \$

Volunteers are essential for the success of the SBADV organization. Please volunteer for one of the committees listed below:

- Board Member Board Officer Adult Network Grant Writing Newsletter/Website/Mailings Database Community Outreach New Parent Outreach By-Laws Governance Audit Finance Meeting/Holiday Party Correspondence Fundraising: Golf Classic Casino Royale SB Benefit Bash Adopt-A-Ghost

CHECK OR MONEY ORDER MADE PAYABLE TO: SBADV and return form by November 15, 2008

CHARGE my credit card # Exp. date for the amount of \$

Signature We accept VISA, M/C, DISCOVER, AMEX.