2010 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 _____

_____Please waive my fee due to financial hardship.

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

Please Indicate:

_____Relative(s) or friend of an individual with Spina Bifida _____

(Indicate name of individual and relationship)

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____Database ___
Community Outreach____New Parent Outreach____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 December 1, 2009

CHARGE my credit card #_____Exp. date_____ for the amount of $_____

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