

NWONSCIA

Northwest Ohio Chapter of the National Spinal Cord Injury Association

Date _____ New Membership Renewal Membership Complimentary Membership

INDIVIDUAL MEMBERSHIP \$20.00

FAMILY MEMBERSHIP \$30.00

(children under 18 living in the home)

A basic membership entitles you to vote at local and national meetings. You will receive our monthly chapter newsletter, "The Spinal Rap" and be recognized as a member of the United Spinal Association Northwest Ohio Chapter (USA) www.spinalrap.com. Your active input and participation with the various events are highly encouraged.

PATRON ANNUAL MEMBERSHIP \$50.00+ This membership includes the benefits of the basic membership, as well as, advertisement noted through recognition in the monthly newsletter, "The Spinal Rap",

PATRON ANNUAL MEMBERSHIP \$150.00+ The membership includes the benefits of the basic membership, as well as, advertisement noted through recognition in the monthly newsletter, "The Spinal Rap" and your business/organization/company's generous support will be noted on the organizations official web site www.spinalrap.com with a link (if available).

Do you have a web site? Please print proper link.

***Your membership with the National office is presented to you at NO charge. The selected dues from up above are kept within our local chapter. All memberships run from June to June.

***All checks and money orders must be payable to USA Northwest Ohio Chapter

***Please forward your completed application and appropriate dues to:

USANWOC
C/o Rich Rager
305 Roberta Drive
Curtice OH. 43412
(419) 460-2945

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Birthday: _____

E-mail: _____

Do you want the newsletter delivered to this e-mail? Yes No

Disability:

- | | | | | |
|------------------------------------|-------------------------------|---------------------------------------|--------------------------------|-----------------------------|
| <input type="checkbox"/> QUAD | <input type="checkbox"/> PARA | <input type="checkbox"/> SPINA BIFIDA | <input type="checkbox"/> POLIO | <input type="checkbox"/> MS |
| <input type="checkbox"/> SUPPORTER | <input type="checkbox"/> CP | <input type="checkbox"/> TBI | <input type="checkbox"/> OTHER | <input type="checkbox"/> |

**EVERYONE THAT HAS THEIR MEMBERSHIP TURNED IN BY THE JUNE 30TH DEADLINE
WILL HAVE THEIR NAME PUT IN A DRAWING FOR A \$25 GIFT CERTIFICATE.**

Revised: September 2011 **PLEASE LIST SIGNIFICATE OTHER AND CHILDREN WITH BIRTHDAYS ON BACK**

Name	Date of Birth