

# DIRECTORY INCLUSION FORM

## REGISTRATION & ACCEPTANCE

By completing and returning this form, you are agreeing to have your organization listed on our website's directory for individuals to have access to when searching for a specialty. You are also agreeing to the membership type (free or recognized professional). Please thoroughly complete this form for this is the information that will be provided in our directory. If your organization has multiple locations, please fill out multiple forms for each location.

NAME OR  
ORGANIZATION:

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ADDRESS:

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MAIN SERVICE  
PROVIDED:

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CONTACT PERSON:

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WEBSITE

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E-MAIL:

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PHONE NUMBER:

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FAX NUMBER:

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**Please check off the type of membership you're signing up for, based upon the definitions on the rules and regulations form.**

I would like the free listing. I understand that by choosing the free listing, I am forgoing the following benefits:

- Special recognition on this directory. The name of your organization will stand out among the other organizations.
- Your organization will receive a discounted rate for our annual conference, which allows for networking within the brain injury community.
- Your organization will receive a number of free trainings (number dependent on size of your organization).

I would like the recognized professional listing. I have thoroughly read the rules and regulations page, and by checking this box I agree to all terms. If you are choosing this membership type, the "Brain Injury Informed" attestation form must also be completed and returned. Please check off below which member type you are signing up for based on the definitions on the rules and regulations page. Please include payment according to your listing type.

- Individual/Professional: \$50 annual membership fee (Individual Email/Website)
- Organization/non-profit: \$200 annual membership fee
- Corporation or larger non-profit: \$500 annual membership fee

**Please provide a brief summary of your services to be provided in the directory:**

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**\*\*Please return completed form to:**

Brain Injury Association of Vermont  
PO Box 482  
Waterbury, Vermont 05676

**\*\*You can also email to:**

dani@biavt.org

**If payment is needed, please  
make checks payable to  
BIAVT and mail to above  
address**

**For more information, please contact [support@biavt.org](mailto:support@biavt.org) or call 1 (877) 856-1772**

## BRAIN INJURY AWARE ATTESTATION

If you are signing up for the recognized professional membership, please read this document thoroughly for it is an agreement that you, your organization, or corporation is brain injury aware. Please initial before each bullet point and sign after completion of reading to attest that you are experienced and knowledgeable in the area of brain injury.

\_\_\_\_\_ I/We am/are an individual, organization, or corporation that has received specialized training for brain injury treatment/care.

\_\_\_\_\_ I/We am/are an individual, organization, or corporation that actively serves people with brain injuries.

\_\_\_\_\_ I/We am/are an individual, organization, or corporation that understands that each brain injury is unique.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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