

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:

ADDRESS:

MAIN SERVICE
PROVIDED:

CONTACT PERSON:

WEBSITE

E-MAIL:

PHONE NUMBER:

FAX NUMBER:

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:

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

Brain Injury Association of Vermont
1 Derby Lane; Suite 2
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; if you need to pay
with a credit/debit card,
please contact via info
below**

**For more information, please contact dani@biavt.org
or call (802) 244-6850; EXT. 1005**

BRAIN INJURY AWARE ATTESTATION

Only 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 contest 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

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

Brain Injury Association of Vermont
1 Derby Lane; Suite 2
Waterbury, Vermont 05676

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

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DIRECTORY INCLUSION

RULES AND REGULATIONS

PLEASE KEEP THIS DOCUMENT FOR YOUR RECORDS

I. No-Cost Directory Inclusion:

- By accepting to be included in the no-cost directory inclusion, you are accepting to have your organization info available on our website to be accessed by those who need your services.
- This form of directory inclusion is a no-strings attached agreement. You have no obligations or hidden costs involved. The purpose is to solely have organizations readily available for those in need of support. When people search for service types in our website's directory, your organization information that was provided to us will be displayed for them to access.
- Each year, we will contact you to update the information in our directory. At this time, you can upgrade to the membership which allows you to be a "recognized professional" on our directory. However, if at any time leading up to that your organization, or any individual in your organization, would like to become a recognized professional, the option is available. Please contact BIAVT at dani@biavt.org to do so.

II. Recognized Professional Inclusion:

- If you are an individual, organization/non-profit, or corporation/for-profit that is brain injury aware/informed, you can become a recognized professional on our directory.
- Recognized Brain Injury Aware Professional(s) are individual(s), organization(s), or corporation(s) who:
 - Has received specialized training for brain injury treatment
 - Actively serve people with brain injuries
 - Understand that brain injuries are unique
- By becoming a recognized brain injury informed professional on the directory, you receive the following benefits:
 - Special recognition on the directory. The name of your organization will stand out among the other organizations. You can also provide us with a logo and/or video/image if you choose to do so. You can view this page & current recognized professionals here:
<https://biavt.org/support/resources/>
 - Discounted rates for our annual conference, which allows for networking between survivors and professionals within the brain injury community
 - A number of free trainings: The number of free trainings available depends on the organization type
 - Individual/Professional: 1 Free Attendee
 - Organization/non-profit: 3 Free Attendees
 - Corporation/for-profit: 5 Free Attendees
 - Quarterly newsletters
- **Memberships are as follows:**
 - **Individual/Professional:** This is defined as any individual professional or self-employed professional. This includes an individual who may be part of an organization or corporation, but they want to be individually listed in the directory. This may be because they are brain injury informed or their organization/corporation isn't choosing to become part of the directory. In this case, when listed in the directory, the name of the organization/corporation will not be named, and the individual will be listed independently. ****Please Note**** If you choose the individual listing and are

part of an organization/non-profit, larger non-profit, or corporation, you must list your individual email and website.

The organization cannot be listed anywhere on the listing unless you choose and make payment for the larger membership.

\$50 annual membership fee

- **Organization/non-profit:** This is defined as a non-profit organization with an operating budget of under \$1M.
\$200 annual membership fee
 - **Larger non-profit:** This is defined as a non-profit with an operating budget of over \$1M.
\$500 annual membership fee
 - **Corporation:** This is defined as a for-profit organization, regardless of operating budget.
\$500 annual membership fee
- In order to be officially be considered as a recognized professional, all of the following must be completed and returned to BIAVT:
 - Directory Inclusion Form/Registration & Acceptance
 - Brain Injury Aware Attestation Form
 - Payment in accordance with membership type
 - A letter or email of confirmation will be sent to the address or email provided on the “Directory Inclusion Form”.
 - The membership will have the opportunity to be renewed on or after the anniversary of the date in which your membership began. BIAVT will send out a reminder letter with a renewal form prior to the end of the membership.