

# MEMBERSHIP FORM



## The Neurological Resource Center

712 Swift Blvd, Suite 1

Richland, WA 99352

509-943-8455

www.NeurologicalResource.org

Your membership dues will help us continue to improve the quality of life of those affected by neurological disorders. Our services include educational programs, support groups and access to our extensive resource lending library.

Your Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Would you like to receive our newsletter, the *Neuro Transmitter*?

- By email?  
 By standard mail?  
 Both?

Individual	\$30
Family	\$60
Corporate/Healthcare Membership	\$100
Platinum/Healthcare Membership	\$150
Donation	
Total	

If you would like to pay by credit card, please visit our website <http://tnrcMembership.eventbrite.com> or complete the following information and mail to the address above:

- Visa  Mastercard  
 Discover  American Express

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVS # (from back of card): \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Zip Code of Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have time and/or talents that you would like to share with us, please call to discuss volunteer opportunities.

**The Neurological Resource Center's Vision:  
No one left alone to deal with a neurological disorder.**