

MEMBERSHIP FORM

Kadlec Neurological Resource Center
 712 Swift Blvd, Suite 1
 Richland, WA 99352
 509-943-8455
www.NeurologicalResource.org



Information and Support, When You Need It Most

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://knrcMembershipDrive.eventbrite.com> or complete the following information and mail to the address above:

- Visa
- Discover
- Mastercard
- 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.