**2018 Annual Membership Drive**

As we prepare for the 2018 Annual Meeting and Elections for the Greater Rochester New York Spina Bifida Association (GRSBA) Board of Directors on June 25, we are striving as an organization to reconnect with our membership. Your Membership Fee/Donation will help us continue to revitalize and rejuvenate our association, and expand services to our ever-growing population.

*Please fill out the following and return it, along with your membership fee/donation, to the address listed below.*

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name of Individual with Spina Bifida:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DONATIONS:**

\_\_\_\_\_\_ $10 (min.) Per Person \_\_\_\_\_\_\_ $20 Per Family \_\_\_\_\_\_\_ Other

🞎 In Honor 🞎 In Memory of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY MEMBERSHIP (includes all “immediate” family members 18 years of age and older):

Please list additional family members (Name, Age, E-mail address) to be included in membership:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Our membership fee/donation is: (optional)

Note: GRSBA gratefully accepts a donation in any amount. All funds raised through the Annual

Membership Drive directly support the outreach activities of the organization. Your Membership Fee

(min. $10 individual/$20 family) entitles all “immediate” family members over the age of 18 to be a

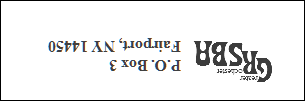
voting member at the 2018 Annual Meeting.

*Your Membership Fee/Donation is tax deductible*

Make checks payable to: GRSBA

Mail to: GRSBA Membership Drive

PO Box 3, Fairport, NY 14450

**THANK YOU FOR YOUR SUPPORT!**

**Our Programs & Services**

* Sunshine Fund
* Non-Reimbursable Medical Expense Fund
* Scholarships
* Community Outreach
* Family Support
* Social Events

**Our Mission Statement**

*“We are a non-profit organization made up of individuals with Spina Bifida, their families and other community members who work together to promote the physical, emotional and social well-being of all people with Spina Bifida, through programs, events and services in the Greater Rochester N.Y. region, that provide outreach education and advocacy”*

*Serving families since 1972*