

SBANCA MEMBERSHIP FORM
Spina Bifida Association of the National Capital Area
P.O. Box 523415, Springfield, VA 22152-5415
(703) 455-4900

Name: _____ Date _____

Address: _____

- Enclosed are the **annual dues of \$25**, (with check payable to SBANCA). This fee includes full membership with voting rights in SBANCA and offers the following benefits free of charge: monthly support group meetings; an annual holiday party, picnic, and bowling party; membership directory, loan closet; and peer support. **If you prefer to pay or donate with a debit/credit card, use the online SBANCA membership form at sbanca.org/contact.**
- Enclosed is an additional tax-deductible donation of \$ _____
- We would like to receive full membership benefits and request a fee waiver.

Comments, suggestions for SBANCA: _____

For our Membership Directory (Please provide current E-Mail address and any new information or changes):

Home Phone _____ Cell _____

Email _____

Person with Spina Bifida _____ Year of birth: _____

Years of sibling birthdates (if children) _____

Mail to:

SBANCA
P.O. Box 523415
Springfield, VA 22152-5415

SBANCA is a 501c3 tax exempt organization. Donations are tax deductible.

Combined Federal Campaign # 21867

THANK YOU for your support!!