

# *Spina Bifida of Greater St. Louis*

8050 Watson Rd. Ste. 115, St. Louis, MO 63119 (314)843-2244

*2009 Membership Application – please return this application so we may update our files.*

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

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

City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## **How are you associated with Spina Bifida?**

\_\_\_ Parent of child with spina bifida

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Hospital/clinic name \_\_\_\_\_

\_\_\_ Adult with Spina Bifida

Hospital/clinic name \_\_\_\_\_

\_\_\_ Supportive Relative or friend; please specify \_\_\_\_\_

\_\_\_ Professional working with persons with Spina Bifida \_\_\_\_\_

**Every day we actively pursue our mission to improve the quality of life of people with Spina Bifida through direct services, information and referral and public awareness.**

**Your support is vital in helping to sustain the important work of the SB-STL. Whether you give \$25 or \$25,000, every contribution counts. Your generosity will have a powerful impact on the continued success of SB-STL and those people afflicted with Spina Bifida.**

*Enclosed is my tax-deductible donation of \_\_\_\_\_.*

## **Member's Survey**

Check any and all areas where you have an interest and would like to help:

\_\_\_ Spring & Fall Family Campouts at Babler

\_\_\_ Christmas Party

\_\_\_ Adult Group

\_\_\_ Spring Golf Scramble/Fundraiser

\_\_\_ Newsletter

\_\_\_ K-10 Group

\_\_\_ Annual Giving Campaign

\_\_\_ Trivia Night

\_\_\_ Birth-Pre-K Group

\_\_\_ Annual Walk n Roll

\_\_\_ Website Support

\_\_\_ Publicity

What would you like your association to work on?

What can you do to help your association?

NOTE – **Insights** magazine must now be ordered directly from the national SBA office:

**www.sbaa.org**