



My organization would like to be considered for membership in the American Brain Coalition as a:

Member

____ Organizing Member: organizations that commit to an annual contribution of \$25,000 for a minimum of three years; suggested level for organizations with \$5 million or more in total net assets.

____ Sustaining Member: organizations that commit to an annual contribution of \$5,000; suggested level for organizations with \$1 million to \$5 million in total net assets.

____ Associate Member: organizations that commit to an annual contribution of \$1,000; suggested level for organizations with less than \$1 million in total net assets.*

* If your organization can not provide financial support, but instead might provide in-kind support, you may qualify for a waiver upon the ABC Chair's approval. Please check here for special consideration. ____

Observer

____ Observer: Government agencies or other interested organizations may be invited or request permission to participate in meetings and conference calls; observers do not have any voting rights, are not required to make any type of financial contribution, and are not members as defined by ABC bylaws.

My Organization's Contact Information:

Organization: _____

Main Contact & Title: _____

Legislative Contact (if different from main contact): _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Web site: _____

Please return this form to:

**Katie Sale, Executive Director
American Brain Coalition
6257 Quantico Lane N.
Maple Grove, MN 55311**

For further information contact Katie Sale at ksale@americanbraincoalition.org or (763) 557-2913 (phone) or (860) 586-7550 (fax).