



*Spina Bifida*

*Kansas City*

sbkc.org

**2017 MEMBERSHIP APPLICATION**

VALID JAN 1 - DEC 31, 2017

**IMPORTANT NOTICE: This form must be filled out and returned with dues to remain on our membership roster. Please complete this form and return it to:**

**SBKC — Membership, Post Office Box 1041, Belton, MO 64012**

\_\_\_\_ \$15 Individual Adult with Spina Bifida (over 18 living independently) OR \_\_\_\_ \$35 Family

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to individual with Spina Bifida: \_\_\_\_\_

Telephone- Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Person w/Spina Bifida: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date \_\_/\_\_/\_\_\_\_\_

**Please check below if you are interested in:**

Phone calls – Connect with Individuals & Families

Serve on Special Event Planning Committees

Assist in Fundraising

Hospital Visits

Communications – Newsletter & Publicity

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_