

**Bri,**  
**Independent brain injury support and advocacy**

**MEMBERSHIP FORM**  
**(Please complete in block capitals)**

Please return completed form too:

Brí Head Office, C/o National Rehabilitation Hospital, Rochestown Avenue, Dun Laoghaire, Co Dublin

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a: **Person with an Acquired Brain Injury**

carer

**Family member**

**Other Please state:** \_\_\_\_\_

**Please note: If you are a person with an Acquired Brain injury, please enclose a passport size photo of yourself that will go on your membership card.**

**I/We apply for membership of Brí and enclose €1.00 membership fee.**

Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

By filling out this membership form, you agree to your personal details being held on the Brí filing system for use by authorised Brí personnel only. We will use your information to ensure you are kept informed about events, news and to receive our newsletter. Any subsequent changes to your details should be communicated to the Brí office.