BIND – Brain Injury Network of Dallas
972-769-BIND (2463)
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1416 Gables Court
Plano, TX 75075
www.thebind.org

BIND CLUBHOUSE MEMBERSHIP APPLICATION

Name: ______________________________ Phone #: ______________________________

D.O.B.: ____________________ Gender: ______ County ______________________________

Street Address: ______________________________ City __________ ST____ Zip: __________

Email: ____

Emergency Contact: ____________________ Relationship: __________ Phone #: ______________

Do you have a guardian? ______________ Name & Number: ______________________________

Type of Brain Injury: ____________________ Age at time of Injury: __________________

How and when did Injury Occur ____

____

What limitations do you currently have as a result of your Injury? ______________________

____

____

Complete the following:	YES	NO
Are you currently employed?		
Do you volunteer for another organization?		
Do you have vision or hearing impairments?		
Do you want to participate in a working community?		
Do you have reliable transportation?		
Do you need transportation assistance?		
Do you use any type of assistive device? Type: ________________________________		
Are you independent in the bathroom?		
Are you independent in managing your medications?		
Are you a Veteran?		

Do you have a DARS or TWC case manager?

What would you like to accomplish as a member of our clubhouse?

☐ Improve skills ☐ Socialize ☐ Return to work ☐ Volunteer ☐ be more active

☐ Respite for Caregiver ☐ Other: ____

What days would you be willing to attend?

M ☐ T ☐ W ☐ TH ☐ F ☐

How did you hear about our Clubhouse? ______________________________________

____

Member Signature (or Guardian if needed) Date

______________________________________ ______________