

### BIND Clubhouse Membership Application

**Name:** \_\_\_\_\_ *How did you hear about BIND?:* \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ County: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ (circle one) .com .edu .gov .net .org

How do you prefer to be contacted? (circle one)      E-mail      Phone      Text Msg.

**Emergency Contact Name:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Guardian Contact Name/Phone # (if applicable): \_\_\_\_\_

Type of Acquired Brain Injury (ABI): \_\_\_\_\_

Details about ABI (ex: age/date, how it occurred, etc.): \_\_\_\_\_

\_\_\_\_\_

*What limitations do you currently have as a result of your ABI?* \_\_\_\_\_

\_\_\_\_\_

Complete the following:	YES	NO
Are you currently employed or do you volunteer consistently?		
Do you have vision or hearing impairments?		
Do you want to participate in a working community?		
Do you use any type of assistive device? Type: _____		
Are you independent in the bathroom?		
Are you independent in managing your medications?		
Have you ever served in the military or reserves?		
Do you have a DARS/TWC case manager?		

What is your current method of transportation?

- Self (Active Driver’s License)
- Paratransit or DART
- Uber, Lyft, or Bubbl
- Other: \_\_\_\_\_

What would you like to accomplish as a BIND member?

- Improve skills
- Socialize
- Return to work
- Volunteer
- Increase activity
- Other: \_\_\_\_\_

\_\_\_\_\_

Member Signature (of Guardian if needed)

\_\_\_\_\_

Date