

SBAG Database Update

Name: _____

Last

First or Middle

Spouse (if applicable)

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____

Home

Work

Cell

Email: #1 _____ #2 _____

(Using e-mail saves us resources that we can devote to programs and services. List your preferred address first.)

Note: SBAG does not share anyone's contact information with any other groups.)

- I am a parent(s)/relative of a child/adult with spina bifida:
Number of children in family without spina bifida _____ ages _____
- I am an adult with spina bifida
- I am a relative (not a parent) of person with spina bifida.
- I am a supporter with no relative with spina bifida.
- I am a medical/health care professional.
- I am an educational or school professional.
- Other: _____

Name of related person who has spina bifida: _____

Date of birth: _____ Relationship to donor: _____



SBAG Annual Membership Renewal

- National Membership—\$30/year (Receives Insights newsletter, National Conference discounts, support training/education materials, research etc. \$25 goes to national, \$5 to state chapters)
- Georgia State Membership—\$10/year SBAG Supporter/Friend (Amount of Donation \$ _____)
- I am not able to join or contribute now but want to remain on the SBAG mailing list.
- Yo quiero recibir informacion en Espanol si es posible.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Email: _____



SBAG Volunteer Form

Check areas you can help us with:

Office Maintenance:

- Word-processing/computer
- Sort mail
- Filing
- Telephone calls
- Copying
- Typing/ word processing for special projects (i.e.: grants, educational handouts, etc)
- Database—input data, update, maintain
- Web site— maintain; develop content; graphics
- Volunteers—coordinate for tasks/projects/activities
- Holiday Party—set up, shopping, soliciting donations, etc.)

Planning Committees:

- Medical Update Conference
- Family Events/ Outings
- Parent Education/ Support Groups
- Other: _____

Record Maintenance:

- Sort/organize in folders by year/ subject

Other Activities:

- SBAG newsletter
- Mail-outs (stuff envelopes, put on labels, stamp)
- Help create photo albums
- Special projects
- Other: _____

I would be available:

____ Number of hours per week
 ____ Number of hours per month
 ____ For special projects only

Name: _____

Phone #: _____ (Home)
 _____ (Cell)

Email: _____



Send your completed forms to SBAG by faxing them to us at 770.939.1049 or mailing them to SBAG, 1448 McLendon Drive, Suite B, Decatur, GA 30033