

Spina Bifida of Greater St. Louis

9201 Watson Rd. Ste. 125, Crestwood, MO 63126 (314)968-2244

Membership Application – please return this application so we may update our files.

Name: _____

Address: _____

City: _____ County _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

How are you associated with Spina Bifida?

___ Parent of child with spina bifida

Child's name _____ Birthdate _____

Hospital/clinic name _____

___ Adult with Spina Bifida

Hospital/clinic name _____

___ Supportive Relative or friend; please specify _____

___ Professional working with persons with Spina Bifida _____

Every day we actively pursue our mission to improve the quality of life of people with Spina Bifida through direct services, information and referral and public awareness.

Your support is vital in helping to sustain the important work of the SB-STL. Whether you give \$25 or \$25,000, every contribution counts. Your generosity will have a powerful impact on the continued success of SB-STL and those people afflicted with Spina Bifida.

Enclosed is my tax-deductible donation of _____.

Member's Survey

Check any and all areas where you have an interest and would like to help:

___ Spring & Fall Family Campouts at Babler

___ Christmas Party

___ Adult Group

___ Spring Golf Scramble/Fundraiser

___ Newsletter

___ K-10 Group

___ Annual Giving Campaign

___ Trivia Night

___ Birth-Pre-K Group

___ Annual Walk n Roll

___ Website Support

___ Publicity

What would you like your association to work on?

What can you do to help your association?

NOTE – **Insights** magazine must now be ordered directly from the national SBA office:

www.sbaa.org