Annual Membership Levels Associated Benefits & Dues





Student or Senior, \$15

Semi-annual newsletter Monthly agency e-news Volunteer opportunities

Individual, \$20

All of the above &
Reduced rate or fee waived for
select special events

Family, \$45

All of the above &
Signature canvas tote bag
Notice of free or reduced rate arts &
cultural opportunities in WNY

Professional, \$100

All of the above &
Opportunity to provide an annual
educational presentation
Recognition on website & newsletter ad

Corporate, \$250

All of above &
Link on website
Special recognition at all events

Become a new member or renew your current membership today!

All members receive notice of member meetings, educational events, symposiums & all other special events.

Mail Return Form with your check to:
Headway of WNY, Inc.
2635 Delaware Avenue, Suite E
Buffalo, NY 14216
OR

Process your payment online:
Go to www.headwayofwny.org/How to
Help/Membership. Click on link for
online/credit payment page.

Please consider an additional tax deductible donation.

Questions? Call us at 716-408-3120 Email: support@headwayofwny.org

Thank you!



Headway is a 501c3 organization

Membership Program

Headway of WNY, a not-for-profit affiliate of People Inc, is a support and advocacy agency for persons with brain injuries (TBI), seniors, and those with other cognitive disorders.

The agency is the regional center for NYS, DOH TBI and NHTD Waiver Programs.

Headway of Western New York 2495 Main Street Suite 446 Buffalo, NY 14214

Phone: 716-408-3120 Fax: 716-882-1289 Email: support@headwayofwny.org

www.headwayofwny.org

You are not alone.

Move forward with Headway

About Headway's Membership Program

Headway of WNY is a membership organization, originally started by survivors of brain injury and their families who advocated for more local services to help find alternatives to institutional care.

Today, membership is still a vital component to this agency. It sustains our mission and vision and helps us provide outreach and support in a variety of ways, including: support groups, newsletters, mailings, e-news and updates, social media, educational presentations, advocacy, and identification of supports.

Members are encouraged to become involved in all aspects of the agency, including: community outreach, advocacy, educational presentations, special events and more.



MISSION

To ensure that individuals in WNY with brain injuries, other disabilities and seniors have access to advocacy, resources and support systems to enable them to live as independently as possible. We seek to educate the broader community about the causes, consequences and means of prevention of brain injury.

VISION

Headway envisions a world where survivors of brain injury and those with related disabilities find meaning, move forward and know they are not alone.

Members are invited to join the Advisory Council.

Please check box if interested.

Someone will be in contact with you soon about requirements and quarterly meetings.

Return Form

First & Last Name

Organization Name Address City, State, Zip Phone Email Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	
City, State, Zip Phone Email Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues: \$	Organization Name
City, State, Zip Phone Email Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues: \$	
Phone Email Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	Address
Phone Email Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	
Email Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	City, State, Zip
Email Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	
Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	Phone
Membership Level Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	
Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	Email
Student or Senior Individual Family Professional Corporate Enclosed Membership Dues:	
Individual Family Professional Corporate Enclosed Membership Dues:	Membership Level
Family Professional Corporate Enclosed Membership Dues:	Student or Senior
Professional Corporate Enclosed Membership Dues:	Individual
Corporate Enclosed Membership Dues:	Family
Enclosed Membership Dues:	Professional
	Corporate
Additional Gift:	Enclosed Membership Dues:
	Additional Gift: \$