

**Spina Bifida – Kansas City (SBKC)**  
**Membership**  
**P.O. Box 1041 Belton, MO 64012**  
**(816)277-9087**  
**info@sbakc.org**

**IMPORTANT NOTICE:** This form must be filled out and returned with dues to remain on our membership roster.

\_\_\_\_\_ \$15 Individual Adult with Spina Bifida (over 18 living independently) or \_\_\_\_\_ \$35 Family

Name \_\_\_\_\_ Email \_\_\_\_\_

Relationship to individual with Spina Bifida \_\_\_\_\_

Telephone home \_\_\_\_\_ cell \_\_\_\_\_ other \_\_\_\_\_

Person w/Spina Bifida \_\_\_\_\_ Email \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am including an additional \$5 so I may continue to receive the newsletter and other correspondence via standard mail rather than electronically.

Enclosed please find a check for \$ \_\_\_\_\_

Please check below if you are interested in:

( ) Phone calls – Connect with individuals & families

( ) Serve on special event planning committees

( ) Assist in fundraising

( ) Hospital Visits

( ) Communications – Newsletter & publicity

( ) Other: \_\_\_\_\_