

**SPINA BIFIDA ASSOCIATION OF MARYLAND**  
**New members always welcome**

**Spina Bifida Association of Maryland**

2416 Lampost Lane  
Baltimore, Maryland 21234  
Phone: (410) 665-1543  
Website: <http://www.sbamaryland.com>  
Email: [SBAMaryland@comcast.net](mailto:SBAMaryland@comcast.net)

<b>We serve the following areas:</b>	
Baltimore City	Carroll County
Anne Arundel County	Harford County
Baltimore County	Howard County

Dear new member of the Spina Bifida of Maryland Inc.,

We also ask that you **please include your E-mail address. This will insure that you get important information that has to be passed along to our members more quickly. The person with Spina Bifida must reside in the same service area if they do not live in the same household.**

**Please make your check payable to SBAM**

**Mail your check and this form to 2416 Lampost Lane, Baltimore, Maryland 21234.**

**Spina Bifida Association of Maryland**

     **\$20.00** Membership is for Families or Adults with Spina Bifida. Your dues help to support your local chapter's continuation of direct services. Members are invited to the annual Christmas Party, receive the bimonthly flyer, and can enjoy all the benefits of our meetings and activities.

**If you are renewing your membership and no other information has changed, we only need your name**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Text: Yes \_\_\_ No \_\_\_ E mail \_\_\_\_\_

**Please use space provided for the person with Spina Bifida. This information will only be used by the chairperson holding events such as the Christmas party, Corvette Weekend and picnic so they can contact them.**

**Name of person with Spina Bifida**

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**Date of Birth**

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**Address only if different from parent:**

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**Cell Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Shirt Size** \_\_\_\_\_

**Hobbies and Interest** \_\_\_\_\_