

The Social Brain Membership Form 2020

All information will be kept confidential and be seen only by the planning board for The Social Brain used for information use only.

Date of application : _____ Date of Birth _____

General Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

What are some accomadation that can be helpful for your disability ? _____

Emergency Contact Information:

Name: _____

Relationship: _____

Contact number: _____

Activity Interest:

Are you on social media? _____ YES _____ NO

If yes, which social media sites do you use? * Check all that apply.

_____ Facebook _____ Twitter _____ Instagram _____ Snap Chat _____ Other

Do you prefer indoor or outdoor activities? _____

What types of activities do you enjoy?

What types of activities do you not enjoy or are a concern for you?

Name three activities you would like to do with The Social Brain:

1) _____

2) _____

3) _____

Do you need help coordinating transportation to and from events?

_____ YES _____ NO

Do you have a paid staff such as an aide or nurse who would be attending activities

_____ YES _____ NO (you can still put in for Single membership)

Membership Information:

Type of membership: _____ Single \$10.00 _____ Family \$15.00

If you chose a family membership, how many family members will be attending activities with you? _____

For office use only:

Application reviewed by: _____

Date: _____ Membership \$10.00 _____ \$15 _____ received

Additional notes:

please mail completed form with check or money order to :

The Social Brain 496 Hawkins Rd Selden NY 11784

you may also use our paypal using our email thesocialbrainny@gmail.com