

**TWIN CITIES CHAPTER- SPINAL CORD SOCIETY**  
**MEMBERSHIP APPLICATION**

**NAME** \_\_\_\_\_

NAME/RELATION OF INJURED PERSON (If not same)  
\_\_\_\_\_

LEVEL OF INJURY    C \_\_\_    T \_\_\_    L \_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_    **STATE** \_\_\_    **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_    **E-MAIL**

\_\_\_\_\_

**COMMENTS**

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\_\_\_\_\_  
\_\_\_\_\_

Mail to-

SCS TWIN CITIES  
2785 104<sup>TH</sup> CT. E.  
INVER GROVE HGTS., MN 55077