Post-Polio Network (NSW) Incorporated

Membership Application Form

Please make your cheque/money order payable to Post-Polio Network (NSW) Inc and forward to:
Post-Polio Network (NSW) Inc, PO Box 2799, NORTH PARRAMATTA NSW AUSTRALIA 1750

Name: (Mr/Mrs/Ms/Miss) .....
(Given name/s) (Family name)

Address: .....

..... Post Code: .....

Phone (Home): ..... Phone (Work): .....

Email: ..... Fax (Home/Work): .....

Date of Birth: ..... Year Polio Contracted: .....

Maiden Name: ..... Place Polio Contracted: .....
(if applicable)

Occupation (Past/Present): .....

Signature: ..... Date: .....

Membership Type (*please tick one*)	**Membership Subscription AU $**
FULL MEMBER ❑ (people who have had polio and are 16 years of age or older)	Employed ($25 [κ]) (*includes organisations*) $_____ Not Employed ($15 [κ]) $_____ Overseas Postage ($15) $_____ Books (see below - $5 per set) $_____ Tax-deductible Donation $_____
ASSOCIATE MEMBER ❑ (all other people, or organisations, who are interested in the Network)	**TOTAL ENCLOSED** **AU $_____** [κ] Includes first year joining fee of $5

To receive copies of *A Practical Approach to the Late Effects of Polio* (blue) and *The Late Effects of Polio – Information For Health Care Providers* (pink), both by Charlotte Leboeuf, please indicate here and include $5 payment with your membership subscription above.

YES ❑ **NO** ❑

Would you like to join a local Support Group?
(If you have already joined a Group, please give its name below)

.....

YES ❑ **NO** ❑

How did you hear about the Post-Polio Network?

For example: a newspaper/magazine article/interview, a radio/TV story/interview, from a friend or family member, your GP/specialist/hospital, Post-Polio Awareness Week publicity, local publicity by a Network Support Group, etc.

Please give details: .....

A copy of the Network's Constitution is available on request.
Donations to the Post-Polio Network (NSW) Inc of $2 or over are tax deductible.
Thank you for your support.