



Membership Application Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Please check one or more of the following options:

New Membership - \$15/year _____ for 20_____

Membership Renewal - \$15/year _____ for 20_____

I wish to make a charitable donation of \$ _____
(Tax deductible receipt will be issued for donations over \$10.00)

TOTAL \$ _____

Please make cheque payable to: Post- Polio Network Mb. Inc.

Your NEWSLETTER delivery preference by: _____ mail or _____ email

Please mail this application form and cheque to:

Post-Polio Network
825 Sherbrook St.
Wpg., Mb. R3A 1M5

For further information please phone 204-975-3037

POST POLIO NETWORK'S PRIVACY POLICY

The Post-Polio Network (Manitoba) Inc. respects your privacy. We protect your personal information and adhere to all the legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information provided will be used to deliver services and to keep you informed and up to date on the activities of the Post Polio Network (Manitoba) Inc.

You may visit our website at www.postpolionetwork.ca or email us at postpolionetwork@gmail.com

If at any time you wish to opt out of any services, simply contact us by phone (204 975 3037) or write us at 825 Sherbrook St., Winnipeg MB. R3A 1M5 and we will gladly accommodate your request.

SIGNATURE _____

DATE _____