

Post-Polio Network (Manitoba) Inc.
 C/O SMD Self-Help Clearinghouse
 825 Sherbrook Street
 Winnipeg, MB, R3A 1M5



Membership Application Form

<i>Name:</i>		
<i>Address:</i>		
<i>City:</i>		<i>Province:</i>
<i>Postal Code:</i>		<i>Telephone:</i>
<i>Fax:</i>		<i>E-mail:</i>

Please check one or more of the following options:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • New Membership - \$15/year • Membership Renewal - \$15/year • I wish to make a charitable donation of \$ <input style="width: 80px;" type="text"/> <i>(Tax deductible receipt will be issued.)</i> • I would like a copy of the newsletter sent to: <i>(My doctor, therapist or other individual at the address below)</i>
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<i>Name:</i>		
<i>Profession:</i>		
<i>Address:</i>		
<i>City:</i>		<i>Province:</i>
<i>Postal Code:</i>		<i>Telephone:</i>

Please make cheque payable to the Post-Polio Network (Manitoba) Inc. and mail to the address listed above.

Phone: (204) 975-3037 | Fax: (204) 975-3027
 E-mail: postpolionetwork@gmail.com
 Website: www.postpolionetwork.ca