Polio NSW Incorporated

Membership Application Form

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

	Given name/s)	(Family n			
`	,		,		
Address:					
		. Post Code:			
Phone (Home):	Phone (Work	x):			
Email:	Fax (Home/V	Vork):			
Date of Birth:	Year Polio Co	Year Polio Contracted:			
Maiden Name:(if applicable) Occupation (Past/Present):		Contracted:			
Signature:	Da	ate:			
Membership Type (please tick one	Membe	Membership Subscription AU \$			
FULL MEMBER (people who have had polio and are 16 years of age or older) ASSOCIATE MEMBER (all other people, or organisations, who are interested in the Network) To receive copies of A Practical Approach The Late Effects of Polio — Information Charlotte Leboeuf, please indicate here	Tax-deductible TOTAL ENCL Includes first year ach to the Late Effects of For Health Care Provide	anisations) Time (\$35) (\$25) tage (\$20) toks (see below - \$10) Donation OSED Par joining fee of \$5 All Pars both by All Pars both by	\$ \$ \$ \$ \$ NO		
your membership subscription above.					
Would you like to join a local Support of (If you have already joined a Group, pleas	•	YES	NO		
How did you hear about Polio NSW (pr	eviously known as Post	-Polio Network)?			
For example: a newspaper/magazine ar family member, your GP/specialist/hospit. Network Support Group, etc. Please give details:					
A copy of the Netw	ork's Constitution is available of	on request.			

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

Office Use Only

Banked	Membership Database	New Members Database	MYOB	Email Database	New Member Kit Sent	Scanned	Copy to Support Group Co-ordinator