



## Members Information/Application

**PLEASE ADVISE OF ANY CHANGE OF ADDRESS, TELEPHONE or EMAIL.**

**Thank You**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Your NEWSLETTER delivery preference by: \_\_\_\_\_ mail or \_\_\_\_\_ email

Please forward completed form to:  
Post-Polio Network Mb Inc.  
c/o Manitoba Possible  
Community Inclusion and Support Services  
825 Sherbrook St.  
Winnipeg., 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](http://www.postpolionetwork.ca) or email us at [postpolionetwork@gmail.com](mailto: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 you request.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Note: as of April 27th, 2023 membership fees to PPN have been waived.**