

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



Membership Application Form

Name:			
Address:			
City:		Province:	
Postal Code:		Telephone:	
Fax:		E-mail:	

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 - \$10/year • Membership Renewal - \$10/year • I wish to make a charitable donation of \$ <input style="width: 50px;" 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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Name:			
Profession:			
Address:			
City:		Province:	
Postal Code:		Telephone:	

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@shaw.ca
 Website: www.postpolionetwork.ca