

Yes, we want to become a Post-Polio Health International Association Member and receive *Post-Polio Health* and the PHI Association Member Communiqué!

GROUP INFORMATION (for *Post-Polio Directory*)

Group Name _____
Number of members you represent _____
Contact Person _____
Street address _____
City _____ State/Province _____ Zip/Postal Code _____
Country (if outside USA) _____
Phone number (include country code or area code) _____
Email _____
(To ensure that you receive messages, set your spam filters to accept email from director@post-polio.org and info@post-polio.org)
Website _____

PAYMENT INFORMATION

We would like to become an Association Member and pay the annual membership fee of \$1 for every paying member of our group (\$35 min/\$250 max).

OR

We would like to renew our membership in PHI/IVUN at the level checked below. Please send us ***all*** communications.

Contributor (\$100) Sustainer (\$150) Bronze Level Sustainer (\$250)
 Silver Level Sustainer (\$500) Gold Level Sustainer (\$1,000)
 Platinum Level Sustainer (\$5,000) Gini Laurie Advocate (\$10,000)

Enclosed is my check to *Post-Polio Health International*
 I have transferred the fee from my PayPal account to director@post-polio.org
 Or charge \$ _____ to my MasterCard VISA Discover
Acct. # _____ Exp. Date _____
Name on card _____
Signature _____



**POST-POLIO HEALTH INTERNATIONAL
INCLUDING INTERNATIONAL VENTILATOR USERS NETWORK**

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INFO@POST-POLIO.ORG
WWW.POST-POLIO.ORG