

**Become a Member
... or Renew Today!**

PHI's Membership Levels and Application

Support Post-Polio Health International's educational, research, advocacy and networking mission.

PHI membership levels make it easy to start taking advantage of timely and important news and activities relating to the late effects of polio. Print this page, fill in the information and mail this form with your check (payable to "Post-Polio Health International," USD) or enter your credit card information and send it to Post-Polio Health International, 4207 Lindell Blvd., #110, Saint Louis, MO 63108-2930. *Questions?* Email info@post-polio.org or call 314-534-0475.

Memberships are 100 percent tax-deductible. Rates Effective July 2007

New Membership **Renewal**

\$30 Subscriber

- Post-Polio Health (quarterly) OR*
 Ventilator-Assisted Living (bi-monthly, sent electronically)

\$55 Subscriber Plus

ALL the benefits of Subscriber AND ...

Both newsletters ...

Post-Polio Health AND Ventilator-Assisted Living

\$100 Contributor

ALL the benefits of Subscriber Plus AND ...

Post-Polio Directory Resource Directory for Ventilator-Assisted Living

Discounts on special publications (*Handbook*-\$9) and on PHI's sponsored meetings

\$150 Sustainer

ALL the benefits of Contributor AND ...

One additional gift membership to either:

- person of your choice (include name and address immediately below) or
 person who has expressed financial need to PHI

Name _____

Affiliation _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Membership at the following levels includes ALL benefits PLUS special recognition in PHI publications:

- \$250 – Bronze Level Sustainer**
 \$500 – Silver Level Sustainer
 \$1,000 – Gold Level Sustainer
 \$5,000 – Platinum Level Sustainer

Name _____

Affiliation _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

email _____

Phone (include area/country code) _____

Fax (include area/country code) _____

Payment Choice:

I am enclosing a check for \$_____ made payable to "Post-Polio Health International." (USD only)

Please charge \$_____ to this credit card:

VISA MasterCard Discover

Card No. _____

Exp. Date _____ Card Verification # (3 digits on back of card) _____

Name on Card _____

Signature _____

Please send an invoice (*for institutions only, please*):

to person and address above to this person/address:

Name _____

Affiliation _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Send to: Post-Polio Health International
 4207 Lindell Blvd, #110
 Saint Louis, MO 63108-2930 USA
 314-534-0475 314-534-5070 fax