

## Yes, we want to join with Post-Polio Health International (PHI) as an Association Member!

Group Name \_\_\_\_\_

Mission \_\_\_\_\_

Year group was formed \_\_\_\_\_ Number of members you represent \_\_\_\_\_

Contact Person \_\_\_\_\_ ID No. (if known) \_\_\_\_\_

Phone number (include country code or area code) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country (if outside USA) \_\_\_\_\_

Email \_\_\_\_\_  
*(To ensure that you receive messages, set your spam filters to accept email from [info@post-polio.org](mailto:info@post-polio.org))*

Month membership to begin \_\_\_\_\_ Membership fee for one year \$ \_\_\_\_\_

Enclosed is my check to *Post-Polio Health International*

Or Charge my  MasterCard  VISA  Discover

Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_



POST-POLIO HEALTH INTERNATIONAL  
INCLUDING INTERNATIONAL VENTILATOR USERS NETWORK

4207 Lindell Boulevard, #110, Saint Louis, MO 63108-2915 USA  
314-534-0475, 314-534-5070 fax, [info@post-polio.org](mailto:info@post-polio.org)  
[www.post-polio.org](http://www.post-polio.org)