



# Michigan Polio Network, Inc.

## New member form

You may print out this page and mail it along with a check or money order payable to:

Michigan Polio Network, Inc.

Mail to: Michigan Polio Network, Inc.

1156 Avon Manor Road

Rochester Hills, MI 48307-5415

MICHIGAN RESIDENCY NOT REQUIRED FOR MEMBERSHIP

YOU DO NOT HAVE TO BE A POLIO SURVIVOR TO JOIN OUR NETWORK

*Your membership includes a quarterly newsletter, use of our library, voting privileges as well as the networking and support from our membership. Join today!*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone no. \_\_\_\_\_

e-mail address \_\_\_\_\_

Polio Survivor? (yes / no)

Choose one type of membership :

One Year \$15.00      Five Year - \$65.00      Lifetime Membership - \$150.00

In addition to your membership fee, if you also wish to make a contribution to support the work of the Michigan Polio Network, Inc. designate your contribution amount enclosed \$ \_\_\_\_\_.

Thank You.