

Wildrose Polio Support Society

132 Warwick Road NW
Edmonton AB T5X 4P8
Telephone 780-428-8842

2018 Member / Donor Form

[Membership year is January 1 to December 31]

NAME(S): **MEMBER** _____

[Polio Survivor]

ASSOCIATE MEMBER _____

[Husband/Wife/Caregiver]

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE (DAY): _____ **PHONE (EVENING):** _____

FAX: _____ **POLIO YEAR:** _____

E-MAIL: _____ **BIRTHDAY** MONTH: _____ DAY: _____

SENIOR [60 or over] Member **Yes** ___ **No** ___

Associate **Yes** ___ **No** ___

MEMBERSHIP:

Individual (\$20.00) \$ _____

Couple (\$30.00) \$ _____

DONATION: \$ _____

TOTAL ENCLOSED: \$ _____

DATE: _____ paid by cheque [] cash []

I would like to receive my newsletter; by email by regular mail

HOW DID YOU HEAR ABOUT WPSS: _____

The Wildrose Polio Support Society will use this information solely for the express purpose of the functions of the Society. We will not disclose personal information for commercial purposes without your permission.

Registered Charity No. 867883985RR001

FOR OFFICE USE ONLY:

TOTAL PAID: _____ RECEIPT NO: _____

DATE: _____ RECEIVED BY: _____