

# Wildrose Polio Support Society

8640 – 64<sup>th</sup> Avenue NW  
Edmonton AB T6E 0H5  
Telephone 780-428-8842

## 2024 Membership / 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 [ ] e-transfer to [wpss@polioalberta.ca](mailto:wpss@polioalberta.ca) [ ]

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: \_\_\_\_\_