

Wildrose Polio Support Society

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

2025 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 []

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: _____