Wildrose Polio Support Society

8640 – 64th Avenue NW
Edmonton AB T6E 0H5
Telephone 780-428-8842 Web Page https://polioalberta.ca

2026 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: _____