

ONE NAME PER APPLICATION, PLEASE

Type: Renewal Has your address changed? No
 New (Check the mailing label) Yes

Name: _____

Address: _____

City: _____ Prov./St.: _____ Postal/Zip Code: _____

Country: _____ Telephone: () _____ Fax: _____

E-mail: _____

Are you a Polio survivor? Yes No Spouse? Yes Friend? Other?

Enclosed is a membership fee of \$20 (Cdn) for one calendar year.

British Columbia Canada \$20

Outside of BC and Canada \$30

Amount enclosed for PPASS membership: \$ _____

Amount enclosed for charitable donation: \$ _____

Total amount enclosed: \$ _____

Please send this form and your cheque or money order made payable to PPASS to:
PPASS, #102 - 9775 4th Street, Sidney, BC V8L 2Z8 Canada

THANK YOU FOR YOUR SUPPORT!

PPASS is a registered non-profit Society.
Donations are tax deductible over \$10