Ohio Polio Network Membership Form

Date:____________________
Name:________________________________________________________________________________
Address:______________________________________________________________________________
City:_______________________________________ State:_________ Zip Code:___________________
Phone #:____________________________________ E-Mail:__________________________________

OPN Membership is $10.00 per year and due in September. The OPN Membership Year is Sept 1 - Aug 31.

Please check the appropriate boxes: Please make checks payable to: Ohio Polio Network

☐ New Membership - $10.00/year
☐ Renewal—$10.00/year
☐ Change of Address
☐ Donation - Amount ____________
☐ Special Gift - Amount ____________ in memory of ____________________

Total Amount Enclosed $____________

Mail to: Ohio Polio Network
c/o Judi Jacobs, Treasurer
464 17th St. NW
Barberton, OH 44203-6660
Phone: (330) 745-5312
E-Mail: cutiejudie510@aol.com

Membership includes a subscription to the OPN Newsletter, The Polio Post, which is published quarterly
(March/June/Sept/Dec). If you join in the middle of the year, we will supply you with the issues you have
missed for the year.

Membership also supports the maintenance of the OPN website, www.ohiopolionetwork.org For those with
e-mail addresses, it also includes being forwarded various post-polio newsletters received by OPN and notifi-
cation when the OPN website is updated.

Donations are appreciated. An annual list of the names of people who have made a donation of any amount
will be published in the December issue of The Polio Post and also posted to the OPN website.

The Ohio Polio Network is a non-profit and tax exempt organization under IRS 501(c)3 and Public Charity
509(a)(2).

☐ I would be interested in serving on the Ohio Polio Network Board of Directors. Please contact me.