



www.ohiopoliionetwork.org

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:

New Membership - \$10.00/year

Renewal—\$10.00/year

Change of Address

Donation - Amount _____

Special Gift - Amount _____ in memory of _____

Total Amount Enclosed \$ _____

Please make checks payable to: **Ohio Polio Network**

Mail to: **Ohio Polio Network**
c/o Robert Boyce, Treasurer
1052 Jonathan Ave.
Akron, OH 44333

Phone: **(832) 250-0155**

E-Mail: **rcboyce@earthlink.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.ohiopoliionetwork.org. For those with e-mail addresses, it also includes being forwarded various post-polio newsletters received by OPN and notification 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.