Yes, we want to join with Post-Polio Health International (PHI) as an Association Member!

Group Name _____

Mission _____

Year group was formed _____ Number of members you represent _____

Contact Person _____ID No. (if known) _____

Phone number (include country code or area code) _____

Street address _____

City _____ State/Province _____

Zip/Postal Code _____ Country (if outside USA) _____

Email *(To ensure that you receive messages, set your spam filters to accept email from info@post-polio.org.)*

_____

Month membership to begin _____ Membership fee for one year $ _____.

POST-POLIO HEALTH INTERNATIONAL

Post-Polio Health International
Including International Ventilator Users Network

4207 Lindell Boulevard, #110, Saint Louis, MO 63108-2930 USA
314-534-0475, 314-534-5070 fax, info@post-polio.org, www.post-polio.org