

Yes, I want to be a member of PHI and receive the Post-Polio Health quarterly newsletter:

| Na | me | | | | | | |
|------|---|---------------|-----------|----------|--|--|--|
| Ad | dress | | | | | | |
| City | ۷ | _State | | Zip code | | | |
| Pho | one | | Fax | | | | |
| Em | ail (members get monthly email upo | dates too!) _ | | | | | |
| Pa | yment Choice: | | | | | | |
| | I am enclosing a check for \$ Please charge \$ to this cre | | - | | | | |
| | Card No | | Exp. Date | | | | |
| | Signature | | | | | | |

□ I have signed up at the Subscriber Plus level or above, but I do **not** wish to receive *Ventilator*-*Assisted Living*.

What benefits do I get at each membership level?

| | Subscriber \$30 | Subscriber Plus \$55 | Contributor \$100 | Sustainer \$150 |
|---|--------------------|-------------------------|----------------------|--------------------|
| Access to post-polio.org | \checkmark | \checkmark | \checkmark | ✓ |
| PHI Membership Memo (by email) | ✓ | ✓ | ✓ | ~ |
| Post-Polio Health newsletter quarterly print edition | Choose one | ~ | ✓ | \checkmark |
| Ventilator-Assisted Living newsletter bi-monthly, email only | Choose one | \checkmark | \checkmark | ~ |
| Post-Polio Directory | | | \checkmark | \checkmark |
| IVUN Directory | | | \checkmark | \checkmark |
| 25% Discount on Publications | | | ✓ | ✓ |
| Complimentary gift membership to person of your choice | | | | \checkmark |

Memberships at the following levels include ALL the benefits **plus** special recognition in PHI publications:

- □ \$250 Bronze Sustainer
- **\$500 Silver Sustainer**
- □ \$1000 Gold Sustainer
- □ \$5000 Platinum Sustainer
- □ \$10000 Gini Laurie Advocate

Send to:

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