

SAN FRANCISCO BAY AREA POLIO SURVIVORS

SFBAPS, P.O. Box 272175, Concord, CA 94527-2175 SFBAPS@aol.com

<http://hometown.aol.com/sfbaps>

925-934-6103

Annual

July of each year

will not

MEMBERSHIP DIRECTORY INFORMATION

Type of member: (✓ box below)

Polio Polio Supporter

Permission to list in Membership Directory?

Yes No

Name (PRINT):

Address (PRINT):

E-mail Address (PRINT):

Home Phone (PRINT):

~~ Polio Information ~~

Year contracted: _____ Age then: _____

Type of Polio Contracted:

~Bulbar ; ~Spinal ; ~Bulbospinal

~Encephalitic ; ~Not sure

Hospital & City:

Additional Rehab/Surgeries:

Year(s) _____ Age(s) then _____

Hospital & City:

The following information, helpful to SFBAPS'

Board, will NOT be listed in the Directory:

Birth date:

Spouse/Partner name:

Employed by:

Retired from:

On disability leave from work: Yes No

Assistive aids I am currently using:

~Braces/AFO/KAFO ; ~Cane ; ~Crutches

~Scooter ; ~Walker

~Wheelchair: *manual *power

~Respirator (Type: _____);

~Other aid: _____;

~No assistive aid used

~~ PAYMENT ~~

Date: _____

Make checks payable to SFBAPS

Dues: Amount paid: \$ _____

Cannot afford it at this time

Any *additional* Tax Deductible Donation: \$ _____

General Fund

Caring-For-Each-Other Fund

Polio Conference

~~ Volunteer Services ~~

Members volunteer their time to keep our support group strong and running smoothly. Won't you help us do this and advance our mission of raising awareness about polio's late effects?

I would like to help, as ✓'d below:

___ Fund-raising

___ Newsletter (creation)

___ Newsletter (fold, staple, stamp & label)

___ Website (create/maintain)

___ Hospitality at meetings

___ Telephone Committee

___ Board of Directors service

~Experience? _____

~Background? _____

___ Computer services (databases)

___ Financial accounting services

~my credentials are: _____)

___ Phone or visit an elderly or housebound polio member in my area

___ Distribute "The Late Effects of Polio" brochures to my local library, doctor, hospital, community centers, or other places where the brochures will raise PPS awareness

___ Other: _____

COMMENTS: