

Annual Membership Application for SAN FRANCISCO BAY AREA POLIO SURVIVORS

SFBAPS, P.O. Box 5104, Concord, CA 94524-0104 SFBAPS@aol.com 925-926-0110

We are a California non-profit corporation, SFBAPS' Tax-Exempt Federal I.D. Number is 68-0253385. All donations are gratefully accepted and are tax deductible. **Our fiscal year runs from July 1 to June 30.**

Annual dues are \$15.00 if received by September 15, and \$20 if paid after that date. New members joining after February will pay half-year dues of \$7.50. **Annual completion and return of an application form is required.** It helps SFBAPS keep current its membership database and ensures you will receive all SFBAPS newsletters, Directories, Resource Lists and other mailings. **We are giving you the option of receiving our mailings via email or to continue to receive them via postal carrier.** This will allow us to keep our dues at the same 1991 rate even though all our other costs have escalated since that time. Please fill in as much information as you'd like known about yourself. If you do not wish for your name to be listed in the directory at all, please indicate that on the form below. No information will be used for any other purpose, given out to anyone other than a fellow member, or published anywhere. Members are forbidden to use/share their directories for solicitation, or any other purpose. **Should you move or change your email address, please remember to let us know promptly so that we can change our records.**

Permission to list in Directory? Yes [] No []

MEMBERSHIP DIRECTORY INFO:

Name:

Address:

E-mail Address:

Home Phone:

~~ 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 will NOT
be listed in the Directory:**

Birth date:

Spouse/Partner name:

Employed by:

On disability leave from work: Year: _____

Assistive aids I am currently using:

Braces/AFO/KAFO []; Cane []; Crutches [];

Scooter []; Walker [];

Wheelchair: *manual [] *power []

~Respirator [] (Type: _____);

~Other aid: _____;

I prefer all mailings to be sent: Email _____ Post _____

~~ 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

[] Upcoming Polio Conference

~~ Volunteer Services ~~

We need volunteers to keep our support group strong and running smoothly.

I would like to do my share. I can offer a few

Hours: A week _____ A Month _____ A year _____

_____ Co-ordinate volunteers

_____ Hospitality

_____ Newsletter: writing or research, formatting, etc

_____ Help with fund-raising

_____ Work on Telephone Committee

_____ Serve on Board or Committee

_____ Publicity

_____ Computer services (databases)

_____ Website (maintain)

_____ Phone or visit a housebound polio member in my area

_____ Distribute "The Late Effects of Polio" brochures to my local library, community center, doctor, hospital, shoe repair shop, orthotist, or other places where the brochures will raise PPS awareness.

_____ Offer to drive a fellow member to a meeting if they live in my area and I'm going their way.

