~ Membership Form ~

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

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

Annual dues are \$15.00 or what ever you can afford, and are due in July of each year. (Any new member who joins after March 1 has their payment applied to the following fiscal year's dues, but the membership is effective immediately and a newsletter will be mailed to address on record when published.) If extenuating circumstances make payment a hardship for you, check the space indicated on this form and you will not be denied membership.

Polio survivors, family, friends, and interested medical professionals are always welcome at our meetings and are eligible to become members of SFBAPS.

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MEMBERSHIP DIRECTORY INFORMATION	~~ PAYMENT ~~ Date:
Type of member: (√ box below) Polio [] Polio Supporter []	
Permission to list in Membership Directory?	Make checks payable to SFBAPS
Yes [] No []	Dues: Amount paid: \$
Name (PRINT):	Cannot afford it at this time []
	Any additional Tax Deductible Donation: \$
Address (PRINT):	[] General Fund
•	[] Caring-For-Each-Other Fund
E-mail Address (PRINT):	[] Polio Conference
Home Phone (PRINT):	Valuate en Comisso
~~ Polio Information ~~	~~ Volunteer Services ~~
	Members volunteer their time to keep our support
Year contracted: Age then:	group strong and running smoothly. Won't you
Type of Polio Contracted:	help us do this and advance our mission of
~Bulbar []; ~Spinal []; ~Bulbospinal []	raising awareness about polio's late effects?
~Encephalitic []; ~Not sure []	I would like to help, as √'d below:
Hospital & City:	Fund-raising
i !i	<pre> Newsletter (creation) Newsletter (fold, staple, stamp & label)</pre>
Additional Rehab/Surgeries:	Website (create/maintain)
Year(s) Age(s) then	Hospitality at meetings
Hospital & City:	Telephone Committee
	Board of Directors service
The following information, helpful to SFBAPS'	~Experience?
Board, will NOT be listed in the Directory:	~Background?
Birth date:	Computer services (databases)
Spouse/Partner name:	Financial accounting services
Employed by:	~my credentials are:)
Retired from:	Phone or visit an elderly or housebound polio member in my area
On disability leave from work: Yes [] No []	Distribute "The Late Effects of Polio" brochures
Assistive aids I am currently using:	to my local library, doctor, hospital, community
~Braces/AFO/KAFO []; ~Cane []; ~Crutches [];	centers, or other places where the brochures
~Scooter []; ~Walker [];	will raise PPS awareness
~Wheelchair: *manual [] *power []	Other:
~Respirator [] (Type:); ~Other aid: ;	
~No assistive aid used []	COMMENTS: