

NORTH CENTRAL FLORIDA POST-POLIO SUPPORT GROUP
 POLIO POST NEWS SUBSCRIPTION FORM



Please send this form via REGULAR MAIL to:
 North Central Florida Post-Polio Support Group
 7180 SW 182nd Court, Dunnellon, FL 34432

IT IS IMPORTANT THAT YOU PRINT CLEARLY AND THAT YOU COMPLETE ALL LINES WITH TWO ASTERISKS (). ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

Name: _____ **

Significant Other: _____

Mailing Address: _____ **

City, State, Zip: _____ **

eMail: _____ Country: _____

Phone _____ Fax: _____

How did you hear about us? _____

Are you a member of a support group? Yes No

If "yes", what is the name of your group? _____

When did you first contract polio? Year? _____ Month (If you know it) _____

(THIS INFORMATION WILL BE KEPT CONFIDENTIAL. YOUR INFORMATION WILL HELP US GAIN A BETTER UNDERSTANDING OF PPS)

This box is Healthcare and Support Group use only

Is the address above your personal or professional address? Personal Professional

Organization:

MEDICAL (Physician, Nurse, Clinic, etc.)

HEALTH CARE (Physical Therapy, Orthotics, etc.)

SUPPLIER (Medicare supplier, Equipment supplier, etc.)

SUPPORT GROUP

OTHER : _____

What is your position? _____

How would you like us to send your newsletter?

by regular mail?

by eMail?

(PLEASE BE SURE YOUR EMAIL ADDRESS ABOVE IS PRINTED CLEARLY!!)

OPTION: We would like to hear your comments or updates on your particular disability, problems with PPS, etc. We would also like to hear comments from healthcare professionals.

Signature

Date

SUBSCRIPTION NOTICE

(POLIO POST NEWS)

This is your subscription form for the upcoming year.

We include the form in the November/December issue of our newsletter each year so you can (if you wish) renew your subscription and we can update our mailing list.

In order to continue receiving your copy of the POLIO POST NEWS you should do the following:

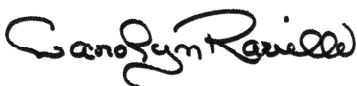
1. Fill in your name and address (required) and your e-mail and telephone number (optional). PLEASE PRINT THIS INFORMATION CAREFULLY AND CLEARLY.
2. Indicate if you wish to have the newsletter mailed to you via regular mail service OR if you would like to have it eMailed to you. If you choose to have the newsletter emailed your email address is a must AND IT MUST BE PRINTED VERY CAREFULLY; **PLEASE BE VERY LEGIBLE!!** (The internet is very demanding and its requirements are exact with no room for error. The characters "1" and "l" and "I" are much the same to you and me, but the internet KNOWS the difference. "O" and "0" are also similar.
3. Sign and date the renewal form.
4. Mail this subscription form (DO NOT EMAIL IT) to: POLIO POST NEWS, 7180 SW 182nd Court, Dunnellon, FL 34432.
5. Re-read items 1 through 4.

TO INSURE THAT YOUR NAME REMAINS ON OUR MAILING LIST WE MUST HAVE YOUR RENEWAL FORM NO LATER THAN JANUARY 1 OF EACH YEAR. We do not accept verbal or fax requests to keep you on the list. The form is available by going to our website at www.postpoliosupport.com and printing it out.

Providing the POLIO POST NEWS is a high priority of the volunteer staff. We value each of our readers and ask your assistance to insure that you continue to receive your copy of our newsletter. We feel it is imperative to keep you in touch with the very latest news concerning post-polio syndrome and the programs we offer you to meet your special needs.

As always, there is no charge for your subscription, however donations to help us cover the cost of publishing and presenting programs and conferences throughout the year are appreciated. Donations seem to be down more each year than in the last, but we still manage, thanks to those individuals who have made, and continue to make, donations to the North Central Florida Post-Polio Support Group.

Thank you,



President
North Central Florida
Post-Polio Support Group