

Polio SA Inc
The Post-Polio Support Group
302 South Rd
Hilton SA 5033
Tel: 0466 893 402 email: poliosa.office@gmail.com



Subscription Renewal Form (due on July 1st for 2021/22 membership)

Annual Subscription
\$20 Individual Member
\$25 Member and Carer
\$25 Organisation

ORGANISATION (if applicable):

SURNAME (Dr / Mr / Mrs / Ms / Miss)

GIVEN NAME:

ADDRESS:

.....

POSTCODE EMAIL.....

PHONE No. MOBILE No.....

Please sign below to meet Government Privacy Act Requirements.

I consent to Polio SA Inc. retaining the above details until I cease to be a member of this group

Signature Required:

Methods to Pay Subscriptions

1. Personal cheque made out to Polio SA Inc. to accompany this form.
2. Postal order made out to Polio SA Inc. to accompany this form.
3. Bank Transfer at your local branch or on the internet (subscription form must still be returned)

BSB Number: 105-084

Account Number: 326443840

Description: Polio SA + Surname

(Sorry plastic no longer accepted)

No receipt will be issued unless requested

I have enclosed a subscription of \$.....

and self-stamped addressed envelope enclosed.

I have enclosed a donation of \$.....

Post this form to: Polio SA
302 South Rd HILTON SA 5033