

Ohio Polio Network Membership Form

Date:			
Name:			
Address:			
City:			
Phone #:	E-Mail	:	
OPN Membership is \$10.00 per year and due	e in September. The	OPN Membership Year is Sept 1 - Aug 31 .	
Please check the appropriate boxes:	-	Please make checks payable to: Ohio Polio Network	
□ New Membership - \$10.00/year	Mail to:	Mail to: Ohio Polio Network c/o Judi Jacobs, Treasurer 464 17th St. NW Barberton, OH 44203-6660 Phone: (330) 745-5312 E-Mail: cutiejudie510@aol.com	
☐ Renewal—\$10.00/year			
☐ Change of Address	Phone:		
☐ Donation - Amount			
☐ Special Gift - Amountin	memory of		
Total Amount Enclosed \$			
Membership includes a subscription to the C (March/June/Sept/Dec). If you join in the missed for the year.			
		www.ohiopolionetwork.org For those with polio newsletters received by OPN and notification	
Donations are appreciated. An annual list of will be published in the December issue of T	• •	•	
The Ohio Polio Network is a non-profit and 509(a)(2).	tax exempt organiza	ntion under IRS 501(c)3 and Public Charity	

I would be interested in serving on the Ohio Polio Network Board of Directors. Please contact me.