

# Join IVUN!

Support International Ventilator Users Network's educational, research, advocacy and networking mission.

## \$15 SUPPORTER

- Access to [www.post-polio.org/ivun](http://www.post-polio.org/ivun) and [www.post-polio.org](http://www.post-polio.org)
- Networking opportunities
- Information about relevant events
- Opportunities to participate in research

ALL MEMBERSHIPS 100% TAX-DEDUCTIBLE

## \$25 SUBSCRIBER ... All of the benefits of Supporter, AND ...

- Quarterly 12-page newsletter of your choice: *Ventilator-Assisted Living* OR *Post-Polio Health*

## \$45 SUBSCRIBER PLUS ... All of the benefits of Subscriber, AND ...

- Both quarterly newsletters: *Ventilator-Assisted Living* AND *Post-Polio Health*

## \$75 CONTRIBUTOR ... All of the benefits of Subscriber Plus, AND ...

- *Resource Directory for Ventilator-Assisted Living* and *Post-Polio Directory*
- Discounts on special publications, such as *Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors*
- Discounts on meetings sponsored by Post-Polio Health International

## \$125 SUSTAINER ... All of the benefits of Contributor, AND ...

- One additional complimentary Subscriber Membership for another person designated by the Sustainer or to a person who has expressed financial need.

## Membership Application

International and USA membership levels are the same.  
(US dollars only)

Name \_\_\_\_\_

Institution/Support Group \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(area/country code) (area/country code)

email \_\_\_\_\_

## Payment Options

- Enclosed is my check made payable to  
Post-Polio Health International. (US dollars only)
- OR, charge my:  VISA  MasterCard  Discover

Card # \_\_\_\_\_

Name  
on card \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

## Membership Level

- Supporter, \$15**
- Subscriber, \$25**  
 *Ventilator-Assisted Living* OR  *Post-Polio Health*
- Subscriber Plus, \$45**
- Contributor, \$75**
- Sustainer, \$125** I am designating this person for the additional Subscriber Membership. Please send:  
 *Ventilator-Assisted Living* OR  *Post-Polio Health*
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City, State/Province \_\_\_\_\_
- Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_
- Or, donate this complimentary Subscriber Membership to person selected by International Ventilator Users Network.

Send to:

**POST-POLIO HEALTH**  
INTERNATIONAL

4207 Lindell Blvd., #110  
Saint Louis, MO 63108-2915 USA  
314-534-5070 fax