



Ocean County Post Polio Support Group

Membership Application

Date: _____

Name: _____

Name of Polio Survivor: _____

Address: _____

Phone: _____ Cell: _____

E-mail: _____

Birthday and Month: _____

Annual Dues \$15, due in February: _____

(Dues are necessary to cover operating expenses)

Tax Exempt (501(c)3) Donation : _____

(A Donation would be greatly appreciated.)

Total: _____

Please make check payable to OCPPSG and mail to:

Ocean County Post Polio Support Group
P.O. Box 4515
Toms River, New Jersey 08754-4515.

This form may be printed or copied; For more information visit:
www.tomsrivernjpolio.org or e-mail info@tomsrivernjpolio.org
Or call Jerry Bojko, Membership Chair at 732-505-0151

(Reminder: If you change your address, phone, or e-mail,
please notify Jerry Bojko @ 732-505-0151)