

**I wish to enquire about membership of the Post Polio Support Group**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Tel No** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Please return to**

**Services & Information Co-ordinator**

**Post Polio Support Group**

**Unit 319 Capel Building**

**Mary's Abbey**

**Dublin 7**

**Registered Charity No 11356**