

Signature

POLIO AUSTRALIA INCORPORATED

Representing polio survivors throughout Australia

Australian Polio Register

Polio Australia encourages every polio survivor living in Australia (whether you contracted polio in Australia or overseas) to join the Australian Polio Register. Our strength lies in our numbers—please help us to get you the services you need by completing this form and forwarding it to:

Polio Australia, PO Box 500, Kew East, Vic, 3102 or scan and Email: register@polioaustralia.org.au

This form can also be filled out on line at: www.polioaustralia.org.au

Given Names Maiden Name (if applicable)				Far	nily Name				
								☐ Female	
Year you were bo	orn:		Yea	r that you co	ontracted Po	lio:			
Age when you co	ontracte	d Polio: Yea	ırs	Months					
Place where you	contact	ted Polio: Sι	uburb/Town_						
State/Country									
Were you hospita						No □ Don	't Know		
f "Yes", which Ho	ospital/s	s (if known)_							
n which state/ te	rritory a	are you curre	ently living?						
□ ACT □ N	ISW	□ N.T.	□ QLD	□ S.A.	☐ TAS	□VIC	□ W.A.		
Are you a membe	er of yo	ur State Pol	io Network?	□ Yes	□ No	☐ Other Stat	е		
f you belong to c	other Sta	ate Network	/s, which one	e/s?					
f you are not a	memb	er of your	State Polio I	Network, an	d would like	e to be put in to	uch with	your Stat	
organisation, plea	ase pro	vide your po	stal address	and telepho	ne number t	to receive further	informatio	n:	
How did you find	out abo	out the Austr	ralian Polio P	ogistor2:					
-				•	☐ Family	/ member / Friend	4		
			•		•	, mornidor / r morn			
☐ Radio or TV ite	em or ir	nterview: (De	etails)						
□ Facebook	□ Tv	vitter	□ Other: (Details)					
Please publish m	ıv name	and polio d	etails on the	Polio Austra	ılia site: □	Yes □ No*			
•	•	•				onymous aggrega			
Email Address <i>(n</i>				•	•				
_mail Addices (n	ici publi	<u></u>							