



Ostomy Association of North Central Oklahoma

MEMBERSHIP APPLICATION

Completion of this application and delivery by mail or at a regular meeting will provide membership in the Ostomy Association of North Central Oklahoma. Dues are \$10.00 per year. You do not have to be an ostomate to be a member and/or support our work!

This form may be used for both new memberships and renewals. Renewals are due in January of each year, except that people who join during the last three months of a year do not need to renew in the January immediately after joining.

PLEASE PRINT: Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____
E-mail: _____ Date of Birth: _____

PLEASE FILL IN THE APPROPRIATE BLANKS BELOW. This information will be kept CONFIDENTIAL.

What type(s) of intestinal and/or urinary diversion(s) do you have? _____ (or indicate if NONE).

_____ I enclose \$10.00 for membership in the Ostomy Association of North Central Oklahoma.

_____ I enclose \$ _____ as a donation to support ongoing work of the Ostomy Association of North Central Oklahoma.

Total amount enclosed: \$ _____

Permission is given to use my name in the North Central Oklahoma Ostomy newsletter _____ and directory _____ .

_____ I would like help and/or information concerning the following: _____

Any additional comments? _____

Please include payment (checks payable to Ostomy Association of North Central Oklahoma) and mail to:
Larry Boyer, Treasurer, 2843 Sunnybrook Lane, Enid, OK 73703-6512 (or bring to our next meeting).