



**AFFILIATED SUPPORT GROUP**

OANCO, Ostomy Association of North Central Oklahoma, is affiliated with **UOAA**, an association of support groups which are committed to the quality of life for people with an intestinal or urinary diversion.

We provide support for ostomy patients and their families.

We do not give medical advice nor do we actively assist in physical care of the stoma.

**CONTACT:**

-----In Enid-----

**Larry Boyer 580.402.1883**

-----In Ponca City-----

**Wanda Roland 580.304.8564**

-----In Stillwater-----

**Bob Baumel 580.401.3124**

**MEETINGS  
SECOND SATURDAY  
OF EACH MONTH  
AT 2:00 PM**

January, April, July and October:

**PONCA CITY, OK**

AllianceHealth hospital, Conf Rm B  
1900 North 14th St

February, May, August and November:

**STILLWATER, OK**

Stillwater Medical Center  
1323 W. 6<sup>th</sup>

March, June, and September:

**ENID, OK**

St Mary's Medical Center  
305 S. 5<sup>th</sup>  
Basement Level Classroom C



**OSTOMY ASSOCIATION of NORTH CENTRAL OKLAHOMA**

**IN ENID, PONCA CITY and STILLWATER**

We provide support for ostomy patients and their families.

Do you have questions about an

**OSTOMY  
???**

*Contact a member of OANCO, a volunteer support association*

# CHECK US OUT ON THE INTERNET



United Ostomy Associations of  
America, Inc (UOAA)  
[www.ostomy.org](http://www.ostomy.org)

Ostomy Association of North  
Central Oklahoma (OANCO)  
[www.ostomyok.org/oanco](http://www.ostomyok.org/oanco)

Ostomy Outlook Newsletter  
[www.ostomyok.org/newsletter](http://www.ostomyok.org/newsletter)

## MEMBERSHIP APPLICATION – Help support ostomates! – Join our group

Completion of this application and delivery by mail or at a regular meeting will provide membership in the Ostomy Association of North Central Oklahoma (OANCO). 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 January immediately after joining.

PLEASE PRINT: Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

How did you hear about the Ostomy Association of North Central Oklahoma (OANCO)? \_\_\_\_\_

What type(s) of intestinal and / or urinary diversion(s) do you have? \_\_\_\_\_

I enclose \$ \_\_\_\_\_ for membership in OANCO.

I enclose \$ \_\_\_\_\_ as a donation to support ongoing work of OANCO. Total amount enclosed \$ \_\_\_\_\_

Permission is given to use my name in the OANCO newsletter, Ostomy Outlook \_\_\_\_\_ and directory \_\_\_\_\_

PLEASE INCLUDE PAYMENT (checks payable to OANCO) and mail to:

Larry Boyer, Treasurer, 2843 Sunnybrook Lane, Enid, OK 73703-6512 or bring to our next meeting..