

MEMBERSHIP APPLICATION

Vancouver Chapter United Ostomy Association

Membership is open to all persons interested in ostomy rehabilitation and welfare. The following information is kept strictly confidential.

Please enroll me as a new renewal member of the United Ostomy Association Vancouver Chapter.

I am enclosing my annual membership dues of \$30.00. I wish to make an additional contribution of \$ _____, to support the programs and activities of the Vancouver Chapter and the national Ostomy Canada Society. Vancouver Chapter members receive the Vancouver Ostomy Highlife newsletter, become members of Ostomy Canada Society and receive the Ostomy Canada magazine.

Name _____ Phone _____

Address _____

City _____ Postal Code _____ Year of Birth _____

email (if applicable): _____

Type of surgery: Colostomy Urostomy Ileostomy Internal Pouch N/A

May we welcome you by name in our newsletter? OK! I'd rather not

Additional contributions of \$20 or more are tax deductible. Please make cheque payable to the **UOA Vancouver Chapter** and mail to Membership Coordinator, 405 - 1488 Hornby Street, Vancouver V6Z 1X3