

OSTOMY MANITOBA ASSOCIATION MEMBERSHIP APPLICATION



Current Members—PLEASE WAIT for your green membership renewal form to arrive in the mail.

Your renewal date is printed on your membership card.

New Members: Please use this form. The following information is kept strictly **CONFIDENTIAL**.

Please enroll me as a new member of the **Ostomy Manitoba Association**.

I am enclosing the annual membership fee of **\$40.00**.

To help reduce costs please send my copies of the *Inside/Out* newsletter via email in PDF format. YES NO

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____ YEAR of BIRTH: _____

Type of surgery: Colostomy: Ileostomy: Urostomy: Other: _____

Spouse/Family Member: N/A: (Please indicate type if other)

May we welcome you by name in our newsletter? Yes I'd rather not .

Please make cheque/money order payable to: **“Ostomy Manitoba Assoc.”** and mail to:
Ostomy Manitoba Assoc. 204-825 Sherbrook St. Winnipeg, MB R3A 1M5