

MEMBERSHIP APPLICATION & RENEWAL FORM

Membership in the Ostomy Association of Greater Orlando, Inc. is open to persons with all types of intestinal and urinary diversions, as well as supporting family, friends, organizations, and businesses. **This form may be used for both new memberships and renewals.**

Renewals are due on January 1 of each year. **Thank you for your support.**

PLEASE PRINT Name: _____

Date: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Alternate Phone: _____

Email Address: _____ Date of Birth (optional): _____

Type of diversion(s) - Circle all that apply or check None. Information will be kept CONFIDENTIAL.

Ileostomy Colostomy Urostomy Ileoanal Reservoir/J-Pouch Continent Ostomy Other: _____ Date of Surgery: _____ None: ___

Dues and Donations (Donations are tax deductible)

\$20.00 Enclosed are my dues for membership in the Ostomy Association of Greater Orlando, Inc.

_____ Enclosed is an additional donation to support all of our ongoing programs.

_____ Enclosed is an additional donation to support the annual Youth Rally.

_____ Enclosed is an additional donation to support our ostomy supply GIFT ROOM.

Our Gift Room provides ostomy supplies for those without insurance in the greater Orlando area.

Please make checks payable to the **OAGO**. Bring this form and payment to our next meeting, or mail to:

Evelyn Vihlen, Treasurer

418 Tulane Drive

Altamonte Springs, FL 32714 - 4024