

OAGO Membership Application 2018

I am interested in becoming a member of OAGO, the Ostomy Association of Greater Orlando.

Contact Information

Name _____ Date of Birth _____
Street _____
City _____ State _____ Zip _____
Phone _____ Phone _____
E-Mail _____

Type of Diversion (ostomy)

- Ileostomy
 Colostomy
 Urostomy
Other _____
Date of surgery (or "Stomaversary") _____
- Ileoanal Reservoir/ J-Pouch:
 Surgery is Pending
 Not Applicable

(For example, 10/29/15, or I've had my stoma 16 years)

Relationship to Ostomate

- Self
 Family Member
 Friend/
- Care Giver/Provider
 Medical Professional

Dues and Donations

OAGO dues are \$20.00 a year (renewable on January 1st). Dues are not required for attending or participating in our meetings. However, we are a non-profit organizations, and the money generated by membership dues helps provide education and programming for our ostomy community.

Dues \$20.00 _____ Membership dues for OAGO the Ostomy Association of Greater Orlando
_____ Additional gift for ongoing programs (select and/all) (Optional)
_____ General Fund
_____ Gift Room (assistance for ostomates with no or insufficient insurance)
_____ Youth Rally
Total _____ This gift is in honor of/memory of _____

Payment Options:

Online with PayPal www.ostomyassociationoforlando.com

Bring payment to the Support Group Meeting

Mail Check Payable to **Ostomy Association of Greater Orlando to:**

Patrick Rodgers, Treasurer
309 E. Citrus Street
Altamonte Springs, FL 32708

All Donations are Tax Deductible