



Birmingham Ostomy Association Membership Application

We invite you to join our Chapter if you have an ostomy or are preparing for surgery, are a health care professional, or have a loved one who has had surgery.

We are a volunteer ostomy support group. Benefits include: The quarterly *Birmingham Ostomy Association* Newsletter, participation in local, regional and national meetings, youth rallies, latest information on ostomy management, fellowship and opportunities to help others.

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (_____) _____ e-mail: _____

Your appropriate age group: 10-20 20-40 40-60 60+

Type of surgery: Colostomy Ileostomy Urostomy Continent Procedure

Date of surgery: _____ Hospital of surgery: _____

Please attend one of our general meetings. There are always friendly people to talk with you. You may even learn about the available opportunities on our Committees. We always have a need for talented people to share in our good work.

Our membership dues are \$20.00 a year.

Please mail this application and a check for \$20.00 payable to the **Birmingham Ostomy Association** to:

Birmingham Ostomy Association
5576 Heath Row Drive
Birmingham, AL 35242

For any questions about this form, please contact lynlhayes@aol.com.

All well-intentioned people are invited to attend one of our general meetings as a guest. Admission is free.