

2023 Membership Application

YOU MAY JOIN EITHER GROUP

Annual Dues for entire calendar year are **\$15.00**

Macomb County Michigan Ostomy Association:

Send check payable to **United Ostomy Association**

with this application to:

Jere Rapp,

21386 Fairfield Dr., Macomb, MI 48044

Ostomy Association of Metro Detroit:

Send check payable to **Metro Detroit** with application to:

Dawn Kruse,

3349 Sherwood, Trenton, MI 48183

Name _____

Street Address and ZIP _____

Preferred Phone: Area Code _____ Number _____ Cell or Home? Circle one, please.

Email _____

Birthdate: Month _____ Day _____ Sex: Male _____ Female _____

Type of Ostomy or Affiliation (Circle one) Colostomy Ileostomy Urostomy J Pouch Non-Ostomate

Signature _____ Date _____

Note: All information remains confidential.