

# 2023 Membership Application

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

Make check payable to **United Ostomy Association** and send with this application to:

Jere Rapp

21386 Fairfield Dr

Macomb, MI 48044-2965

Name \_\_\_\_\_

Street Address and ZIP \_\_\_\_\_

**Preferred Phone:** Area Code \_\_\_\_\_ Number \_\_\_\_\_ **Cell** or **Home**? Circle one

**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.**