



Calgary Ostomy Society

Membership Application

Membership is open to all persons interested in supporting people with ostomy surgery and their families. Members receive the Calgary Ostomy Society's quarterly newsletter "Changing Times", become members of Ostomy Canada Society and receive the Ostomy Canada magazine. The following information is kept strictly confidential.

- Please enrol me as a new or renewal member of the Calgary Ostomy Society.
- I am enclosing my annual membership dues of \$30.00.
- I wish to make an additional donation of \$_____, to support the program and activities of the Calgary Ostomy Society and Ostomy Society Canada. A charitable tax receipt will be issued for all additional contributions of \$20.00 or more.
- Please change my information: address name email phone number surgery type

Please make your cheque payable to Calgary Ostomy Society. Please remit payment to:

Calgary Ostomy Society Attn: Membership 305 – 4625 Varsity Dr. NW Suite #110 Calgary, AB T3A 0Z9	Membership Information:
	<input type="checkbox"/> Colostomy <input type="checkbox"/> Ileostomy <input type="checkbox"/> Urostomy
	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Supporter
Age: _____	

Please print:

Name/Company _____ **Phone** _____

Address _____

City _____ **Postal Code** _____

Email _____

Send My Newsletter Via: Canada Post Email