



OAA Membership Application

Name _____

Ostomy Type _____ Surgery Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Year of Birth _____ Email _____

Spouse/Relative/Partner/Friend Name _____

Check one: I do ____ I do not ____ give permission for my name to be included in our newsletter or membership directory.

Signature _____ Date _____

Annual dues: Checks payable to: Ostomy Association of Austin

\$25 _____ Ostomate

\$15 _____ Spouse/Relative/Partner/Friend/Other

\$25 _____ Professional

Bi- monthly newsletters are located on our website: www.austinnostomy.org

Prefer a paper copy be mailed, check here

Mail Application to:

**Ostomy Association of Austin
P.O. Box 143383
Austin, TX 78714**

- Membership benefits include:
- Monthly support / informational meetings
 - Social events
 - The Austi-Mate Journal
Bi-Monthly Newsletter