Our Purpose
The purpose of this group is to help people with ostomies to lead full productive lives, as well as to provide information and emotional support to their families. Our trained volunteer ostomates collectively possess a wealth of knowledge and experience in coping with their ostomies, and they are always willing upon request, to visit new Ostomy patients.

SUPPLIERS TO SHOW PRODUCTS AT MARCH 6 MEETING

One of the most popular meetings of the Metro Halifax chapter, and indeed of any chapter of United Ostomy Association of Canada, is the annual presentation by the major suppliers of Ostomy supplies. Mark your calendar for Sunday March 6 at 2:30 p.m. when representatives of Coloplast, ConvaTec and Hollister will display the latest and greatest in their product lines.

Suppliers have made major advancements since the early days of ostomies. Our founding members, Bette Yetman and Ruth Kenney, have often told us of the “archaic” systems used to care for all types of stomas, the difficulties they had in keeping the pouches attached to their bodies, and challenges of emptying the pouches, and the aggravation with skin irritation from various pastes.

My, how things have changed!

Today, we have it much easier, thanks to the innovations created by the three major suppliers who each try to remain one step ahead of the other in the battle for market share.

We have Velcro closures for the pouches, strips pastes to attach the flanges over the stomas with more ease, powders that ease the skin, even extra seals to place over the flange opening at the stoma to make for a stronger fit.

Attending the March 6 meeting will afford you the opportunity to talk with supplier reps about problems you might experience, possibly test new products as there are samples to be either taken away or ordered, and certainly share your experience about using a certain brand.

You have the opportunity to see change and improvement that might help you live more easily with your ostomy. See you March 6.
Metro Halifax Chapter February 2011

From The President

When I arrived at the February meeting, I signed in, got my name tag and headed for the cloak room to hang up my coat. And before I rounded the table where Jean Hiltz sits, my eyes fell upon the beautifully decorated Valentine’s table being prepared for our sweets and sandwiches. So I took a moment to find Alyson Walsh and thank her for the efforts she makes every month to decorate around a seasonal theme. We are so fortunate to have willing volunteers to make the refreshment time one of the highlights of our meetings.

I have also been getting some very positive feedback from our members about the interest-based rap sessions we held at the January meeting. This seems to have been a very welcome addition to the ways in which we can support each other as we learn to live with our ostomies.

Few of us like to talk about money. But once a year, Patrick Thompson, our Chair of Finance, must present the financial statements for approval. We have been blessed by the generosity of some of our members who have left bequests to help fund future programs for our chapter.

We don’t see or hear much from our Investment Committee, but I can assure you that the members, Ruth Kenney, Wilf Jackson and Mike Veres, are working quietly behind the scenes to make sure that these bequests continue to grow and work for us. They work closely with our investment advisor, Andrew MacGillivray, who was invited to speak to us. Andrew introduced the topic of Registered Disability Savings Plans (RDSP). The RDSP is a relatively new product. For qualified ostomates, these plans can help provide a secure income. The RDSP adds another dimension to federal government assistance for ostomates in addition to the Disability Tax Credit and the Canada Pension Plan Disability benefits (CPPD).

The highlight of February is Valentine’s Day, when we pause to celebrate with those we love. In our family this year, we are blessed with a new grandchild. You can imagine how much love she is sharing. Just one more reason to be thankful that ostomy surgery has made it possible to enjoy time with family.

See you at the next meeting.

Ed Tummers

Metro Halifax Minutes

February 6/2011

President Ed Tummers, welcomed the members. Barbara Barrett led the ostomy prayer. Month of Remembrance-All Saints & Remembrance Day– Moment of Silence.

Minutes were approved as read. Betty Woolridge reported 45 members and guests present, and 281 paid members. We welcomed Dana and Brent Townsend as new members. We also welcomed Elizabeth Baker RN from the South Shore. She is interested in starting a UOAC Chapter in that area.

Treasurer: Theresa Mason gave her report it was accepted as given.

Appliances: Ruth Kenney discussed marking the date of appliance change on the pouch. She also suggested the use of Jamieson natural aloe vera gel for skin irritation.

Cards: Barbara reported that sympathy cards were sent to the family of Sherri Wiegers and to member Bernie Connolly on the loss of his mother.

Education: Gail Creelman encouraged members to have others attend next meeting for information on new appliances from the suppliers.

Finance: Patrick Thompson reviewed the Statement of Income & Expenses and the Balance Sheet. Question were taken and answered by Mike Veres. Report was accepted as given.

Irene Stagg presented the Crohns & Colitis pamphlet - Living with an Ostomy.

Continued on page 4 Column 2
file your income tax return. If you send it in late or at the same time, it will still be processed but may take longer for your submission to be assessed.

If you have had your ostomy for some time, a successful DTC assessment will be prorated back to either the date on which you had your surgery, or the date when form \#T2201 was first instituted (if your surgery was performed many years ago). How much you get back will vary depending on your income, and when your ostomy surgery was first performed.

To obtain a copy of the Disability Tax Form you can call 1-800-959-2221 and request form \#T2201. Or you can order online at www.cra.gc.ca/forms. You can request more then one copy of this form, which will be sent to you. This can also be printed off from this site, a total of twelve pages with all information and forms. The key words to use are: Amputation of the bowel.

The Invention Of Toilet Paper
Toilet paper may seem like a modern convenience, but it actually has a long history. Excavations of public lavatories in ancient Rome suggest that people used small sponges attached to the ends of sticks, while evidence in Scotland reveals that moss was a common form of toilet paper well into medieval times.

Other archaeological sites throughout western Europe indicate that piles of straw and hay were kept next to lavatories in castles and monasteries. But it was the Chinese who invented the first toilet paper actually made from paper.

In AD 589, a Chinese Imperial Court official wrote: - Paper on which there are quotations or commentaries from the Five Classics, or the names of sages, I dare not use for toilet purposes, - proving that the concept of toilet paper was alive and well. Then, finally, in AD 1391, the Bureau of Imperial Sup-plies in China started producing as much as 720,000 sheets of toilet paper a year, each sheet measuring two feet by three feet. The Bureau later made another 15, - softer, perfumed sheets for use year-round by the Imperial family.

Source: Metro Halifax News, June 1996. Via: It’s in the Bag, Niagara Feb. 2011. As you can see it was in our newsletter back in June of 1996, I am re-printing this for some of or new members.

Letters To The Editor
I would like to bring to your notice, and those of your readers, a small observation I have made over the past few months. I have a sigmoid colostomy – appliance on lower left abdominal wall. I began to run into some problems with my appliance during the summer – coming loose and/or leaking within a few days of putting on a new one. I had reached the point where I was having to change as often as 2 or 3 times a week. I wasn’t sure why, so I gave it some thought. I realised that I had put on about 4-6 lbs , and that my waist band was marginally tighter.

So I tried the experiment of not wearing a belt, but wearing braces (suspenders). Lo and behold, this worked like a charm! I have not, in the past 4 months had ANY leakage, or loosening of the seal, and I now only have to change appliances about once every 8-10 days.

This is not a new discovery – I have seen advice to ostomates frequently to wear braces, but have not seen many of these advice givers expand on the reason for this.

So, gentlemen, if you have expanded your girth even slightly – it doesn’t take much – throw away your belt and assume the braces. They are more comfortable too!

Yours truly,
P J Thompson
Metro Halifax Chapter, Inc.
Officers
President: Ed Tummers 425-0894
Treasurer: Theresa Mason 861-4917
Vice–President: Olive Jackson 463-5102
Rec. Secretary: Kim Slack
Co. Secretary: Barbara Barrett 443-8274
Past Pres.: Patrick Thompson 444-0471
Committees:
Appliances: Ruth Kenney, E.T. 434-7521
Cards: Barbara Barrett 443-8574
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Assistant Editor: Joel Jacobson 479-0442
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Mike Woolridge 883-2438
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Information: Anne Ray 443-0135
Library: Ann Dease 861-3268
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Programs: Joel Jacobson 479-0442
" " : Charles Baird 865-9584
Refreshments: Alyson Walsh 435-2539
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Kim Slack, ET
Satellite Presidents
Annapolis Valley East
Paula McKenzie, ET 538-7900
Bridgewater
Nadine Hyson 527-1557

Halifax Chapter Minutes
Continued from page 2 Column 3
Refreshments: For next meeting, Sweets, Kim Slack & Bev Wambold
Sandwiches, Paulette Vilvorder, Ruth Kenney & Theresa Mason.
Welcome at the door, Charlie Baird and Leo Walsh.
Respectfully submitted by: Kim Slack, Secretary.

Birthday Wishes go out to all who are celebrating a birthday in March

Association of Black Social Workers
Are pleased to Host
Celebrating Senior’s Health & Well-Being Conference
Dedicated to promoting, educating and celebration
African Canadian Seniors
March 11 & 12, 2011
Dartmouth Ramada Hotel
240 Brownlow Avenue
Dartmouth, NS, B3B 1X6
If you are a senior or a caregiver...this conference is for you...Register Now.
For more information Please contact:
Dr. Wanda Thomas Bernard at 494-1190 or
Princewill Ogban at 499-6721
The fee is: $50.00, Registration is now open
Conference Focus:
Mental Health, Family Violence, Physical Health, Spiritual Health & Community Health
Contact Jean Hiltz, Newsletter Editor @ jhiltz65@eastlink.ca, if you would like to have a Registration Form sent to you by e-mail.

Note: Cell phones must be turned off during the meeting as a courtesy to members & guests

If you have a change of address, either mailing or e-mail, PLEASE inform us of the change. If we don’t have the proper address, we are unable to send your newsletter.

“No Scent” Policy
The Metro Halifax chapter of UOAC MUST abide by the NO SMOKING and NO SCENT policy of the Capital Health Authority which PROHIBITS smoking and scents on its properties. Please respect the authority’s policy and your fellow members.

Note To Readers
Products and methods mentioned in this Newsletter are not endorsed by the Metro Halifax chapter and may not be relevant to everyone. It is wise to consult your doctor or E.T. nurse before deciding to use any of them.

Members making a purchase of Ostomy products must show their up-to-date MEMBERSHIP CARD to receive the Discount on their purchase from participating firms.
Associate Chapter Meetings

Highlights

Miramichi - Moncton - Prince Edward Island - Southwest (Yarmouth)
Truro - Annapolis Valley Chapter

Annapolis Valley East Satellite
Member John Ron Morse passed away in December.

Meetings for 2011:
March 27th, April 17th and Oct. 23rd.
Submitted by: Paula McKenzie

Moncton Chapter

Minutes of January 23rd 2011
President Eva Bordage welcomed 14 members and guests. Special welcome was extended to new member, Fred McAleese and his wife Nancy.

Reading of the Ostomy prayer in memory of David Jacob who recently passed away.

Minerva introduced our guest speaker, Dr. Ravi Kancharla, a professionally trained Homeopathic Doctor practicing Homeopathy for the past ten years and has clinics in Moncton, Fredericton and Toronto. He gave a very interesting talk on the history and meaning of homeopathic medicine which has as its goal to find the root of numerous illnesses. He gave numerous examples of ways to treat common ailments such as sleeplessness, intestinal problems, etc by using exercise and diet.

A token of appreciation will be sent to him on our behalf.

Minutes of last meeting:
Sr. Rose read the minutes of the November 28th meeting.

Correspondence: A letter from Lorne Aronson, president of FOWC of Canada requested financial aid to pay for mailing supplies to foreign countries a donation will be sent.

Treasurer's Report:
The 2010 financial report was distributed to members and guests

Visits/cards:
Alfred made one hospital visit. Minerva sent cards to the bereaved family of David Jacob, a former member of our chapter and get well cards to Jerry Kennedy recovering from surgery and J. P. Caron who is still in the hospital. Sr. Rose also sent a thank-you card to Heather French (Calgary).

Clinics:
Joan reported that four people attended the December 18th clinic. It is important that all those who need the clinic, be informed that this service is FREE. Next clinics with Coloplast will be January 29, February 25, March 25, April 16 and June 4. There is also a clinic sponsored by Convatec scheduled for March 12.

Visitor-training session:
A tentative date: May 7th or May 14th has been set to hold it locally. Eva will contact Judy.

Next meeting – February 27th, 2011.
Submitted by: Eva Bordage

Prince Edward Island

PEL, UOAC Chapter’s next meeting will be held on Sunday March 13, 2011 at 2:30 pm at the Jack Blanchard Family Center, 7 Pond Street, Charlottetown.

Submitted by: Reagh Clark

Helpful Hints

Applesauce with breakfast sometimes controls stoma noise, and the pectin in it may have a thickening effect onto liquid output.

If you are beginning a new medication, keep an eye on your stoma discharge. Contact your Doctor if you suspect the medicine is going in and straight out.

Tranquilizers may make the colon lazy causing incomplete evacuation. Eating foods like apricots, bananas, kidney beans, potatoes, oranges, spinach and tomatoes provides an excellent source of potassium which can decrease blood pressure and eliminate cramping muscles.

Gas from carbonated drinks can distend the bowel to a point where kinking can occur. Too many soft drinks can produce a painful bowel obstruction.

Lack of bulk in an ostomate’s diet can be part of the difficulty in elimination. This may be caused by eating too much highly refined food and not enough bulk.

Ileostomates should not give blood because they are always about a pint low on bodily fluids anyway. There is a high risk of becoming dehydrated and/or developing kidney stones after blood donation.

Keep grape juice in the refrigerator. If you eat something that causes a blockage, try drinking a glassful. It really works.

If you use wash cloths (as opposed to sponges) and you have arthritic hands, substitute thin, inexpensive ones instead. They are easier to wring out.

Slow down stoma activity, before changing appliances, eat a tablespoon of creamy peanut butter beforehand or eat four or five marshmallows, fifteen minutes before changing.

Yogurt, cranberry juice, and buttermilk help to combat urinary odor.

Spray the inside of your pouch with PAM to help the contents keep sliding down instead of sticking on the sides and top of the pouch.

Tomato juice will help eliminate odor and is a tool to retard dehydration and keep the electrolytes in balance.

Fats of all kinds should be kept at a minimum by ostomates. Fats induce an increased flow of bile into the intestines and make the body wastes more liquid and harder to control.

They also tend to produce gas.

Source: Inside Our On-line, Via: Sleeping Giant Ostomy Group

Editor: Chapter entries are to be submitted by the 15th of each month. Entries received after the 15th will not be included until the following month. The newsletter is sent to printers by the 20th of the month.
**DOCTOR & PATIENT COMMUNICATION**

Talk to your doctor. Too many doctor visits open with a general statement about aches and pains, followed by silence as patients wait for a diagnosis. But good medical care depends upon teamwork, with the physician and patient pro-actively talking to and listening to one another. Physicians must often be private eyes before the healing process can begin. Body language is important, a patient’s posture, facial expressions, speech patterns and even clothing can provide valuable insights to what lies behind “I don’t feel well.” Initial reasons given for visits to the doctor are often not the entire story.

A patient sometimes suffers from underlying fears which must be dealt with by a perceptive physician. If you are worried about something that appears minor on the surface may in fact be more serious, ask the question. The doctor can understand your concerns and, in many cases, help dispel them. Here are some tips that can help you improve communications with your doctor.

Write down your questions on paper beforehand; use these as a guide during your appointment. Be sure that you understand your diagnosis—the recommended treatment and the prescribed medication. Don’t walk out with unanswered questions. Don’t hold back family and personal medical history—for what ever reasons. If you are consulting other doctors, say so; even better, have those records sent ahead. Be specific as to medications you are currently taking—better yet—take your medication bottles with you so the physician has an accurate picture of the prescriptions and dosages. Keep a list of your medication and dosages at home. It can be invaluable in an emergency. Know what preventive tests you should get and when. Be accountable for those tests. Take the initiative in following up with your doctor.

If the relationship is not working, change physicians. As with other relationships, sometimes the chemistry just is not there. Two-way communications is a very important component in total patient care.

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**Campout**

*By Monte Sonnenberg*

*Reprinted with permission—Simcoe Reformer*

Inflammatory bowel disease is challenging, especially for young people learning to live with an ostomy.

It certainly helps to have a support network, something a Waterford teen hopes to build one sleepover at a time. Carly Lindsay, a 17-year-old grade 12 student at Waterford District High School, has emerged as an unofficial spokesperson for young people who are adjusting to life without a large intestine.

Since the spring, she has delivered 25 inspirational presentations to nearly 2,000 people about living a full and productive life with an ostomy. Lindsay took it to another level on the weekend when she organized a sleepover for young people like herself. So many wanted to come that the Lindsay family, with a little help from the United Ostomy Association of Canada, rented out the Waterford Heritage Centre & Agricultural Museum for the weekend. A dozen teenagers in all camped out Saturday and Sunday at the former Spruce Row. “It’s important to have a support group to talk about it,” Lindsay said Wednesday. “When you have an ostomy, you need to have someone to talk to about it. In the beginning, you feel like you’re the only one who has it. It can be isolating and depressing.” Many young people living with ostomies look forward to roughing it every summer at UOAC’s annual campout at Camp Horizon in Calgary. Lindsay has noticed that many of the campers she meets there live in southern Ontario. She figured why not have a campout closer to home in the off-season to keep that sense of social support going?

The inaugural sleepover in Waterford attracted young people from Tillsonburg to Toronto. The UOAC likes the concept so much that it is looking to possibly promote this idea elsewhere. “It turned out great,” said Karen Lindsay, Carly’s mother. “Just to get these kids together in one group, they’re going to talk about things they just can’t talk about with other kids.”

The weekend’s festivities included a hike around the Waterford Ponds, craft-making, making cupcakes in the museum kitchen, a trip to the bowling alley on Alice Street and a “Magic circle” discussion group where the guests spoke about their experiences with IBD, how they were diagnosed and how they have coped since this big change came into their lives. “I have just gotten an ostomy” said a young teen by the name of Alicia. “It’s been hard, but meeting other people is great. This weekend has been so much fun. I’ve done so many things and spoken to so many people to realize that it is OK to be me. This is a great place to socialize with others. I give my most sincere thanks for sponsoring this sleepover. I had an amazing time. Again, I am so thankful for this.” This is the first time something of this nature has been done for the Kids who attend Camp during the Summer. It is hoped that it will become something that most of them can look forward to having each year thanks to the success of this one.

*Via: Brantford & District Ostomy*
Aging:
Eventually you will reach a point
When you stop lying about your age
And start bragging about it. This is so true. I love
to hear them say "you don't look that old."

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Some people
Try to turn back their odometers.
Not me!
I want people to know 'why'
I look this way.
I've traveled a long way
And some of the roads weren't paved.

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When you are dissatisfied
And would like to go back to youth,
Living With Your Ileostomy

By: Lawrence R. Davis, M.D.
Via: Spacecoast Shuttle Blast, & Metro Maryland.

This article is from a talk about “The Surgeon’s Responsibility.” My talk will be on what a physician expects of an ileostomy patient. Being an ileostomy myself, I have jotted down things I experienced and what I (as a physician) expect of you as you learn to cope.

1. Immediate post-op care, the most important thing the doctor expects of the patient is the change of body image: One of the biggest hurdles with patients who will not even look at their stoma is to let him or her take care of it. This is the beginning of the road to recovery and complete recuperation. The patient should and must be independent by the time he or she leaves the hospital.

2. Get the patient to look at the positive effects of their operation. They are free of the disease, cancer, diarrhea, pain. Most ileostomates say they are do happy to be rid of 20 trips to the bathroom and sometimes getting there too late. The new ostomate should be made aware that he has not been mutilated but changed for the better.

3. The next big obstacle is “bagging the stoma,” or finding the right appliances for the patient. The patient needs to know that their stoma is going to change. With weight change, the need will change. It is very important to understand the problems a surgeon faces. Keep in mind that the individual’s problems dictate the surgeon’s techniques. Individual problems dictate different stomas and locations. You do not swap dentures for eyeglasses, so don’t compare stomas. Go to your ostomy meetings and learn all you can about ostomy care. The caring and sharing will help more than anything else. Usually, the ileostomate has been on diets for years, and after surgery, does not want to talk about diets. However, there are foods that may cause problems, gas or odors. The patient should be aware of possibilities that the doctors waits until some of the problems occur. This way, the patient is not overwhelmed with so many “iffy” things to think about.

Source: Ileo info Bulletin, Montreal, Quebec

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Fruit and Vegetable Juice Drinks ???

Kari Hartel, RD, LD is a Registered Dietitian
You’ve probably seen them occupying increasingly more shelf space at your local supermarket as they become more popular. I’m referring to fruit and vegetable juices that tout a lengthy list of health benefits, claiming to do everything from boost energy to prevent cancer. But the real question is, are they nutritionally sound? Some of these juices seem to have superpowers.

They count toward your 5-9 daily fruit and vegetable servings, and are now enhanced with green tea and antioxidants. Therefore, that means it’s acceptable to skip whole fruits and vegetables and just drink your way to health, right? Not exactly.

The juice you’re drinking may be just a glassful of sugar, cleverly disguised as something healthy. V8 Splash® says right on the bottle that it only contains 10% juice, and it lists high-fructose corn syrup as an ingredient, second only behind water. Also, V8® vegetable juice is chock-full of sodium and has “natural flavoring” added, which is not really natural at all. Some juices contain added vitamins, including vitamins C, E, B2, B3, B6, B12, and beta-carotene (which don’t have to be added to whole fruits and vegetables because many are naturally rich in these nutrients). Other juices add caffeine or even oil to their products. Many people consume juices for their supposed health benefits or try to reach their recommended 5-9 servings of fruit and vegetables daily because the majority of adults fall short on the number of servings they actually get. Choosing a mostly plant-based diet has been shown to ward off many diseases, such as heart disease and cancer.

However, drinking fruit or vegetable juice is not the same as eating whole fruits and vegetables because you’re missing out on a key nutrient fiber. The American Dietetic Association recommends getting 25-38 grams of fiber per day, and most fruit and vegetable juices provide none. Consuming juice in place of whole fruits and vegetables could mean you are falling short on the 25-38 grams of fiber recommended daily for optimum health. For example, a cup of raw carrots has over 4 grams of fiber, but carrot juice provides little or no fiber. In addition to helping prevent disease, adequate fiber can also help with your weight-management goals.

Fiber increases satiety by slowing digestion, which keeps you full longer between meals and snacks. Fruits and vegetable juices do contain carbohydrates, which contribute calories and could cause weight gain if adding them to your diet causes you to take in more calories than you burn in a day. Just be careful not to overdo it—aim to supplement your diet with fruit and vegetable juices rather than using them to replace whole fruits and vegetables. Juices should not be used as meal replacements, but rather as “once in a while” additions to and already healthy diet.

Although eating whole fruits and vegetables gets you the most bang for your buck, sometimes the hustle and bustle of life calls for convenience. So if you occasionally drink fruit or vegetable juices, opt for a low sodium version of vegetable juice, or pick a fruit juice that is made from 100% juice, does not have added sugars, and is low enough in calories that it won’t increase your waistline.

Source: Oshawa & District Ostomy Association
Are you still receiving this newsletter in hard-copy?

If you have internet access, you can save us money by joining our electronic distribution list. To try the electronic version, send an e-mail request to: jhiltz65@eastlink.ca

We won’t remove you from the mailing list until you let us know that you can receive the electronic version successfully.

You will need Acrobat 7.0 to open the newsletter. This program is free by downloading it from the following website: http://www.adobe.com/products/acrobat/readstep2.html
Editors Please Note
Items in this Newsletter may be copied for use in others newsletters, providing proper credit given concerning the source of the material, as indicated in “Source” at the end of some articles.

In Appreciation
Our grateful appreciation to the Administration of the QELL Health Sciences Centre, Halifax, for the printing of this newsletter and general support to the chapter and its members.
Thank you, to Lawton’s Drug Stores for providing space in the storeroom of their Woodlawn Store for accepting and storing supplies for FOWC until a shipment is ready to be packed and sent to the Collection Site in Montreal.

Bequests & Donations
We are a nonprofit association and welcome bequests, donation and gifts.
Acknowledgment Cards are sent to next-of-kin when memorial donations are received.
Donations should be made payable and addressed to: Metro Halifax Chapter, United Ostomy Association of Canada, Inc. PO Box 8476, Halifax, NS B3K 5M2

Membership Application - UOA of Canada Inc. - Metro Halifax Chapter, Inc.

Membership includes annual subscription to chapter newsletter and the official UOA of Canada Inc. publication, “Ostomy Canada”. The following information is kept strictly CONFIDENTIAL. Membership is open to ostomates and non-ostomates.

☐ New Member ☐ Renewal ☐ Change of Address

Name ______________________________ Address ____________________________ Apt.No. ________

City___________________________Province_______Postal Code________________Phone(s)___________________

Birth (day/mo/yr) / / Occupation____________________ Languages Spoken____________________

☐ Colostomy ☐ Ileostomy ☐ Urinary Diversion

☐ Continent Ileostomy ☐ Continent Urostomy ☐ Ileoanal

Other (Specify)____________________ Spouse/Family Member____________________ M.D., E.T. Supplier, Etc.

☐ Enclosed are my annual membership dues of $26.00 ☐ Donation (tax deductible) $_______________

☐ I am unable to pay at this time but would like to be a member.

Make cheque payable to United Ostomy Association of Canada, Inc., Metro Chapter and mail to:
Membership Chair, Betty Woolridge, 103 Alderney Drive, Enfield, NS B2T 1J9

NOTE - Other Maritime Chapters, send directly to your Treasure.