

Ostomy Halifax Membership Application

Please Print Name _____ Date _____

Address _____

City, Town or Village _____ Prov. _____ Postal Code _____

Phone(s) _____ Date of Birth (day-mo-yr) _____

Email _____

Please fill in the applicable information below which will be kept CONFIDENTIAL

What type of ostomy/ostomies do you have _____

If none are you a: spouse - family member - friend - medical professional - other

Enclosed is my annual membership dues of \$28.

I would like to support the ongoing work of

Ostomy Halifax by making a donation of _____

Total enclosed ===

**Please make your cheque payable to Ostomy Halifax Society and mail to
Membership Chair, Betty Woolridge, 103 Alderney Drive, Enfield, NS B2T 1J9**

Membership Benefits

- 9 issues of the Ostomy Halifax Gazette. Published continuously since January, 1973
- Members of Ostomy Halifax who do not participate in the NS Pharmacare Program are eligible for a discount on ostomy supplies at participating drug stores when they present an Ostomy Halifax membership card. Participating drug stores are listed on the back page of our newsletter
- You are encouraged to come to our monthly meetings where you have the opportunity to meet other ostomates. We have interesting guest speakers including reps from ostomy product suppliers, medical professionals as well as Jam sessions. In addition, time is set aside after the meetings to socialize and enjoy refreshments
- You will receive Ostomy Canada Magazine twice a year. This quality, full-colour publication is the sole Canadian magazine dedicated to the interests of persons with an ostomy, their families, friends and caregivers