



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

Become a Member of a Regional Chapter or a National Supporter

Your support is vital to our organization in our efforts to:

- Build Public Awareness of the needs of ostomates.
- Advocate for increases in public funding of ostomy supplies.
- Celebrate the success of ostomy procedures through an annual Ostomy Day and Stoma Stroll Awareness Walk.
- Help train and maintain a data base of visitors who make hospital and home visits to ostomates.
- Keep you informed of the latest advances in ostomy products.
- Communicate with health care providers such as hospitals, surgeons, and ETs about the pre and post-surgical needs of ostomates.
- Publish Ostomy Canada Magazine and information brochures and pamphlets.
- Maintain modern, up- to-date communication through emailed newsletters, an Ostomy Canada Society web site, blogs, and links to numerous social media sites.
- Sponsor an annual Youth Camp for young ostomates
- Support groups such as the Member Chapters, 20/40 Group, Ostomy Canada Parents' Group, Spouses and Significant Others (SASO) and online discussion groups.
- Fund a Bursary Program for ETs and ostomates pursuing Post-Secondary education.
- Share Best Practices through a National Office, Chapter Outreach Support, Conferences and Chapter Information Sessions.

Yes, I want to join as either (check one):

A member of a regional chapter-

Contact your local ostomy chapter as dues vary from chapter to chapter. See www.ostomycanada.ca or call 1-888-969-9698 to find a chapter closest to you. Members of a chapter receive a subscription to Ostomy Canada Magazine

A National Supporter - \$30.00

This entitles you to: receive Ostomy Canada Magazine; a \$ 30.00 tax receipt and an option to add an additional donation and receive an additional tax receipt

3 simple ways to join as a National Supporter.

1. Mail this completed form to the address below along with a cheque for \$30.00.
2. Fax the completed form including credit card information to 1-905-212-9002.
3. Online at www.ostomycanada.ca - click Be a Member/Supporter, Credit card and PayPal accepted

\$30.00

additional donation \$ _____

Total on cheque or to be charged on my credit card \$ _____

Credit Card: Visa__ MasterCard__ Amex__

Credit Card No. _____ Expiry Date _____ CVV _____

Signature _____ Date _____

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Email: _____

Do you have a Colostomy, Ileostomy, Urostomy, other? _____

Age group: Under 20__ 21 to 40__ 41 to 60__ Over 60__

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