

BOA Membership Application

To become a member of the Baltimore Ostomy Association, complete this form, print and mail it with your check to:

The Baltimore Ostomy Association
P.O. Box 15000
Baltimore, MD 21282-5000

Your annual membership fee is \$15.00. Dues are tax deductible. Please make your check payable to THE BALTIMORE OSTOMY ASSOCIATION. Please indicate if you want membership but cannot afford to pay dues at this time. We will hold all requests in strict confidence.

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Date of Birth _____

Date of Ostomy _____

Marital Status single married divorced widowed

Type of Ostomy colostomy ileostomy continent diversion

urostomy other non-ostomate

Email address _____

Occupation _____

How did you hear about us? _____