

Membership Application

Ostomy Support Group of Middle Georgia (OSGMG)

Membership in the Ostomy Support Group of Middle Georgia includes receiving the monthly newsletter, visitor training, regular chapter meetings on the fourth Sunday of each month excluding November and December, and other activities of the group. Dues and donations are tax deductible.

(Please print legibly)

Name _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

E-Mail Address _____

___ Permanent Colostomy ___ Temporary Colostomy ___ Ileostomy ___ Urostomy

___ Continent Pouch or J Pouch ___ Medical ___ Spouse ___ Other

___ I would like to be a member and enclose \$12.00 dues.

___ I would like to receive the newsletter but cannot afford dues at this time.

___ I do ___ do not give permission to use my name in the newsletter.

___ I am enclosing a donation for the chapter in the amount of \$_____ .

OSGMG Contact 478-477-8337

Make checks payable to OSGMG and mail to OSGMG PO Box 945 Macon, GA 31202