

# 2021 Membership Application

Annual dues for entire year are \$15.00

Send check to MCMOA along with this application to:

Jere Rapp  
21386 Fairfield Dr.  
Macomb, MI 48044-2965

Name \_\_\_\_\_

Preferred Phone: Area Code \_\_\_\_\_ Number \_\_\_\_\_ Cell or Home? Please circle

Email \_\_\_\_\_

How did you hear about the group? (circle one)

Doctor   Hospital   Medical Supplier   Friend   Internet   other

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Type of Ostomy Affiliation (circle one)

Colostomy   Ileostomy   Urostomy   J Pouch   non-stomate

Do you have any special skills? If so, please list them \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: All information remains confidential**