

2022 Membership Application

Annual Dues for entire calendar year are **\$15.00**

Make check payable to **MCMOA** and send along with this application to:

Jere Rapp
21386 Fairfield Dr
Macomb, MI 48044-2965

Name _____

Street Address and ZIP _____

Preferred Phone: Area Code _____ Number _____ **Cell** or **Home**? Circle one

Email _____

Birthdate: Month _____ Day _____ Sex: Male _____ Female _____

Type of Ostomy or Affiliation (Circle one) Colostomy Ileostomy Urostomy J Pouch Non-Ostomate

Signature _____ Date _____

Note: All information remains confidential.