

Greater Eastside Ostomy Support Group Annual Membership Form

2020-2021

GEOSG Membership is open to anyone interested in learning about ostomies, sharing and learning on how to care for yourself or a loved one after surgery and what to expect before surgery.

Be sure to visit our website for more information: www.geosg.org

New Member (Please mark if this is the first time you have registered and fill in the info below)

Returning Member (Please mark if there are no changes to your address/email/phone info)

Ostomate Name: _____ **Spouse/Support Name:** _____

Fill in this section if this is the first time you have registered

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Email Address 1:** _____

Cell Phone: _____ **Email Address 2:** _____

Ostomy Information

➤ **Type of Ostomy:** Ileostomy Colostomy Urostomy Other _____

➤ **Stoma Surgery Date:** _____

There are no dues required for membership, however the group does have need of funds for expenses; i.e. UOAA ASG dues, Support for the Ostomy Supply Closet, speakers, brochures and website.

If able, GEOSG asks that you make a tax deductible (501(c)3) donation in lieu of membership dues.

(Suggested donation \$25.00) Donation receipt available upon request

Donation \$ _____

- Make checks payable to: GEOSG
- Return completed form to the next meeting or send to:

Laurie Cameron
GEOSG Registrar
728 218th Pl. NE
Sammamish, WA 98074

For any questions or to receive a tax receipt, email:
lauriecmrn@aol.com

GEOSG members often participate in activities together, but that participation is the choice and responsibility of the individual. GEOSG is neither responsible for, nor does it exercise any control over, these activities.

For treasurer's use only:

Paid Amount \$ _____ cash check ck # _____ Date: _____