

**MEMBERSHIP APPLICATION**

Welcome to the Ostomy Association of New York, a 501(c)(3) nonprofit, volunteer organization. As a member, you have access to all services offered by the association including regular meetings, mutual support and advocacy, our newsletter (digital or print) and website plus all association-generated mailings and information.

The information you provide will be kept confidential and be used solely by the association to facilitate networking/mutual support and provision of services for you. No identifying information will ever be released for any reason without your expressed written consent.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Year: \_\_\_\_\_

**Procedure and Relationship (Please check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Colostomy                                   | <input type="checkbox"/> Continent ileostomy  | <input type="checkbox"/> Self                            |
| <input type="checkbox"/> Ileostomy                                   | <input type="checkbox"/> J-Pouch/Pull Through | <input type="checkbox"/> Parent of child w/ procedure    |
| <input type="checkbox"/> Urostomy (Ileal Conduit)                    | <input type="checkbox"/> Neo-Bladder          | <input type="checkbox"/> Spouse/Family/Significant other |
| <input type="checkbox"/> Continent Urostomy<br>(e.g., Indiana pouch) | <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Physician                       |
|  |   | <input type="checkbox"/> Nurse                           |
|  |   | <input type="checkbox"/> Social worker                   |

Temporary, Anticipated Time Period: \_\_\_\_\_

Surgery date(s): \_\_\_\_\_

Reason for surgery:

Cancer  Crohn's Disease  Ulcerative Colitis  Birth Anomaly

Other (please explain): \_\_\_\_\_

Occupation (Current or Prior): \_\_\_\_\_

Avocation/Interests/Hobbies: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

***Please continue on the reverse side of this page***

**Page 2 / OANY MEMBERSHIP APPLICATION**

Please indicate (✓) if you have knowledge of \_\_\_\_\_; experience with \_\_\_\_\_; interest in \_\_\_\_\_ helping out in any of the following areas:

**COMPUTER SKILLS:**

Databases \_\_\_\_\_; Desktop Publishing (e.g., pamphlets, newsletters) \_\_\_\_\_; Accounting \_\_\_\_\_;

Other (Explain): \_\_\_\_\_

**PUBLICITY:**

\_\_\_\_ Identify/pursue opportunities to disseminate information about OANY and OANY meetings via local newspapers, cable TV, community events, etc.

\_\_\_\_ Distribute information to local pharmacies, hospitals, other facilities.

\_\_\_\_ Identify and develop relationships with various health providers (e.g., nurses, social workers, discharge planners) who interact with individuals with ostomies.

\_\_\_\_ **MEET AND GREET:** Greet individuals attending meetings and identify and direct newcomers to appropriate resource persons within the association.

\_\_\_\_ **VISITOR TRAINING:** If you are interested in, or wish more information about becoming trained to provide information and mutual support to other ostomates via in-person and/or telephone/e-mail contacts, please notify Diane Watkin by leaving a message at 212-864-1968.

\_\_\_\_ **OTHER:** Please let us know how *you* would like to be helpful!

**ANNUAL MEMBERSHIP FEE (January 1 through December 31)..... \$25.00**

Please submit your application and payment (payable to OANY) by one of the following methods:

- 1) Mail your application/payment (check or money order, no cash please) to the below OANY address;
- 2) Email your application to ([watkindkl@oanewyork.org](mailto:watkindkl@oanewyork.org)) and submit your payment via PayPal or credit/debit card on our website at: [www.oanewyork.org/membership](http://www.oanewyork.org/membership);
- 3) You can also hand deliver both application and payment (check, money order or cash) to any of our scheduled meetings during the year. Ask for our treasurer, Gail Jasne, at the meeting. Go to: [www.oanewyork.org/events](http://www.oanewyork.org/events) for dates of our scheduled meetings. Future meeting dates are also noted on page one of our newsletter.

**CHECK BOX FOR EMAIL DELIVERY OF YOUR NEWSLETTER.**

**OANY  
c/o Gail Jasne  
P.O. Box 187, Gedney Station  
White Plains, NY 10605**

*Thank you very much and welcome to the Ostomy Association of New York*