

# **Clearwater Ostomy** *Support Group*

## **How To Become A Member**

**Please fill out the form below and include an \$18 tax-deductable donation payable to: COSG #004.**

**Send donation and form to:**

**Marilyn Bossard - Treasurer  
12931 88th Ave. North  
Seminole, FL 33776**

**Application For Membership**

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Type of Ostomy**     Colostomy     Ileostomy     Urostomy

**Birthday month and day** \_\_\_\_\_

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