

Our newsletter is published approximately every two months. Membership form is listed below:

Ostomy Association of Metro Denver

Membership Dues are \$25.00 Per Year

(Donations are also accepted in honor or memory, birthday or anniversary)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

TYPE OF OSTOMY: _____ DATE OF OSTOMY: _____

ON THE OCCASION OF: _____

Please make all tax-deductible checks payable to:

Ostomy Association of Metro Denver, Inc. P.O. Box 480344, Denver, CO 80248-0344