



INSIDE OUT



JANUARY 2014

THE NEWSLETTER OF THE WINNIPEG OSTOMY ASSOCIATION, Inc. (WOA)

FROM THE PRESIDENT'S DESK

Well, I'm not on the bandwagon for a change but I feel there a few things to bring to your attention.

We are saddened as we note a few dedicated, vibrant members who have died recently, notably Al Wokes, Bill Aitken, Henry Koop & Billy Bereza. Our thoughts and prayers go out to their families at this time.

Our meetings are held on the 4th Wed. of each month. However, the months of Jan, May & Oct. have 5 Wednesday—so make sure you mark the correct date on

your calendars.

If you are in doubt as to whether there is a meeting due to inclement weather, the instructions can be found on Page 9. We are still looking for a couple of people to look after the refreshments on meeting nights. See Page 6 for duties or give me a call for more info.

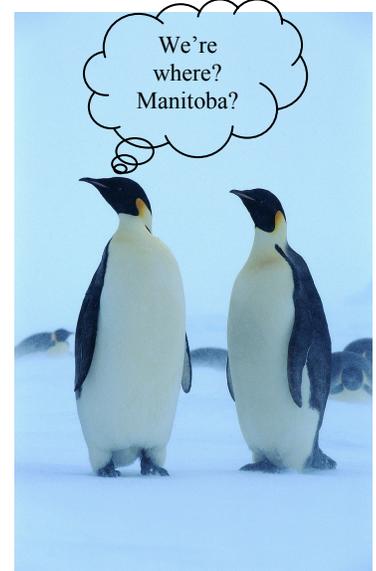
We are planning a coffee meeting in the Brandon area at the end of March or early April. We would appreciate knowing of a suitable location that had good access at a reasonable cost. If you would like

to be included in this meeting or would like to know more about it, please give any Board member a call. The numbers are on the back of this newsletter. Did you read Jeff Strachan's story in the Ostomy Canada magazine? I'm so proud to say that he is a WOA member. Editors are always looking for stories, comments, and/or mail. Send them my way as Jeff did and we'll get you published. Till next time.

Cheers,

Lorrie

A HAPPY NEW YEAR



AN OSTOMATE'S THANKSGIVING:

I am thankful for:

- Medical technology which has given me renewed life, free from pain and restrictions.
- New developments in appliances which allow me to live life normally.
- Family who, without complaint, endured months of worry, expense, and interruptions in their lives during the course of my illness.
- Friends whose acceptance made the road to recovery easier.
- That little "rosebud" that sputters and spurts, gurgles & growls, and is my lifeline.
- My ability to accept and adapt to this new life, and a wish to live that life to its fullest meaning.
- My ostomy support group which provides the latest in information and supplies, an opportunity for new friends, and a way to help others.

Source: The Ostomy Support Group of Northern Virginia, LLC "The Pouch" Jan. 2013

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WOA OF CANADA MISSION STATEMENT

The United Ostomy Association of Canada Inc. is a volunteer-based organization dedicated to assisting all persons facing life with gastrointestinal or urinary diversions by providing emotional support, experienced and practical help, instructional and informational services through its membership, to the family unit, associated care givers and the general public.

WHO WE ARE

The Winnipeg Ostomy Association, Inc. (WOA), is affiliated with the United Ostomy Association of Canada, Inc. (UOAC), a volunteer-based organization dedicated to assisting all persons facing life with gastrointestinal or urinary diversions by providing emotional support, experienced and practical help, instructional and informational services through its membership, to the family unit, associated care givers and the general public.

Members receive the UOAC's magazine, *Ostomy Canada*, the Chapter Newsletter, *Inside Out*, and the benefits of meeting fellow persons with ostomies at our regular meetings.

The WOA is a not-for-profit registered charity and welcomes bequests and donations.

UPCOMING EVENTS for 2014



JANUARY 22, - Chapter Meeting—

Fun Night

FEBRUARY 26, - Chapter Meeting—Stoma Presentation—ET (Tentative)

MARCH 26, - RAP SESSIONS (Tentative)

APRIL 23, - AGM

VISITING SERVICE

Upon the request of a patient, the WOA will provide a visitor for ostomy patients. The visits can be pre or post operative or both. The visitor will have special training and will be chosen according to the patient's age, gender, and type of surgery. A visit may be arranged by calling the Visiting Coordinator or by asking your Doctor or Enterostomal Therapist (ET). There is no charge for this service.

ARE YOU MOVING?



If you move, *please* inform us of your change of address so we can continue to send you the newsletter and Ostomy Canada magazine.

Send your change of address to:

WOA

Box 158

Pine Falls, MB R0E 1M0

MEETINGS



All persons with ostomies, spouses, family members, interested members of the medical profession and the general public are welcome to attend our meetings and social functions.

WELCOME

Chapter meetings are held from September through May, except December, in Room 203 of the SMD Building, 825 Sherbrook Street, Winnipeg, MB, beginning at 7:30pm on the 4th Wednesday, of the month. There are no scheduled chapter meetings in June, July or August. A Christmas party is held in December.

Free Parking is in the SMD parking lot to the south of the building.

You must enter the lot off McDermott Ave.

LETTERS TO THE EDITOR

The Editor, Inside Out

1101—80 Snow Street

Winnipeg, MB R3T 0P8

woainfo@mts.net

All submissions are welcome, may be edited and are not guaranteed to be printed.

Deadline for Next Issue: Friday, February 7, 2014

WORLD WIDE WEB

Visit the Winnipeg Ostomy Association Web Pages:

<http://www.ostomy-winnipeg.ca>

woa@mts.net

CONSTITUTION

Copies of our constitution are available at our Chapter Meetings, on our website, or can be obtained by mail by contacting a member of the Executive Committee.

DISCLAIMER

Articles and submissions printed in this newsletter are not necessarily endorsed by the Winnipeg Ostomy Association, Inc., and may not apply to everyone. It is wise to consult your Enterostomal Therapist or Doctor before using any information from this newsletter.



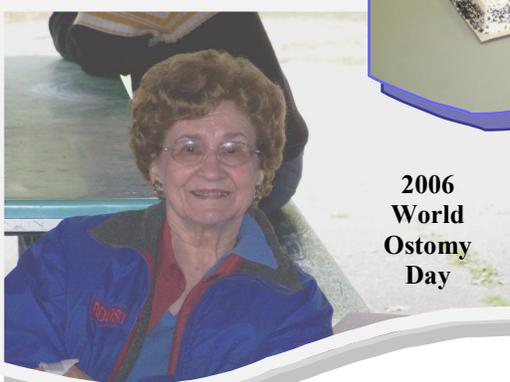
Left: UOAC
Conference
Hamilton, ON
2008



2007
Cutting the
WOA's 35th
Anniv. Cake.



2008
Presenting
Mike
Leverick
with his
Unsung
Hero
Award



2006
World
Ostomy
Day

Evelyn Waldera *90 Years Young !!!!* *(68 years with an ostomy)*

Evelyn's Story "*A Life Lived Half-full!*", written by Mike Leverick, appeared in the January 2006 issue of the *Inside/Out* and later reprinted in the *Ostomy Canada* magazine Fall 2006 issue.

At age 84, Evelyn's story "*Sixty-Two Years and Still Going Strong*", as told to Lorrie Pismenny & Nurit Drory, was submitted to the ConvaTec Renaissance Awards for 2008 and won first prize for the Prairie region.

When interviewed by the Winnipeg Free Press in 1996 (at age 72 and widowed) she said, "When I was single I never told anyone that I had an ileostomy because I was ashamed of it." For someone who had surgery in 1946 "Swathed in bandages, she was sent home from Winnipeg after surgery to Redditt, a small town 30 kilometers north of Kenora. "She was told to expect to live her life bedridden, unable to walk or hold herself upright or even eat without the contents of her stomach leaking. Evelyn's story keeps going and going and....going. Something like the Energizer Bunny!

For many years (over 5 years that I know of) Evelyn took 3 buses to get to the meeting in time to have coffee ready for all the members. Evelyn has been a member for 37 years, participates in every event put on by the Winnipeg Ostomy Assoc. and has only missed 3 meetings !!!!!!!

"Neither snow, nor rain, nor heat, nor gloom of nightthat's our Evelyn!"

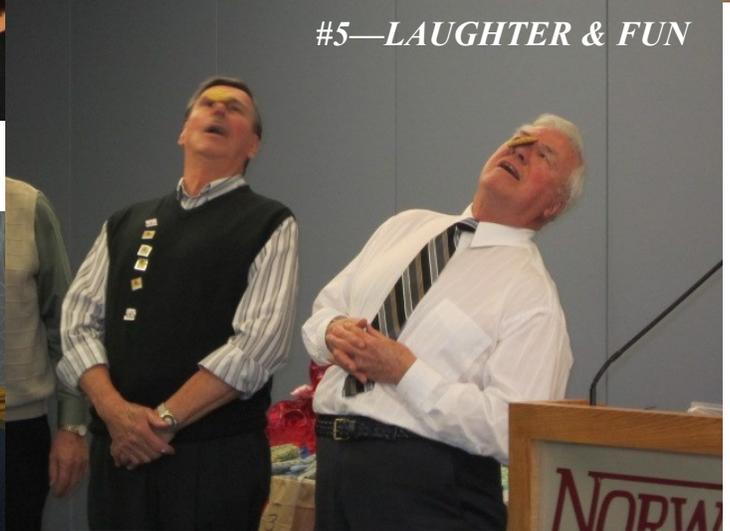
#1—CHRISTMAS LUNCH 2013



#4—SHARING



#5—LAUGHTER & FUN



#2—CELEBRATIONS !



#6—ENTERTAINMENT



#3—TRADITION !

PICTURES—OPPOSITE PAGE

- #1. Christmas Lunch held at the Norwood Hotel on Dec. 1st, 2013 was a confirmed success! The ambience, service, food, silent auction, & entertainment made for great conversation, laughter and good will all around.
- #2. Bert & Betty Andrews were celebrating their 55th Anniversary. This is true dedication, as they have chosen to celebrate their special day at our luncheon on a yearly basis. Congratulations from us all!
- #3. TRADITION carries on as our Sam “the Music Man”, Knacker plays “*Silent Night*” on his harmonica. Several years ago Sam offered to learn & play Silent Night for our luncheons. This has become a very moving tradition for us all as the haunting, spiritual sounds of the harmonica floats amongst us and we are sent on our way each year!
- #4. First Timer, Cornelius Sawatsky, brought with him a very sizeable donation collected by his co-workers at Grunthal Lumber and which was matched by owner, Murray Rempel, in support of Cornelius’s battle with cancer during their “Movember” events. Cornelius, having heard about our organization, wanted to donate the money to the WOA which in turn has been put towards our Youth Camp fund. This picture shows Cornelius sharing his story that day.
- #5. No, they’re not competing for the world’s best belly laugh! No, they haven’t discovered a UFO floating on the ceiling! Super great sports, Barry Cox & Rollie Binner are trying to coax a cookie from their foreheads to their mouths—hands free of course—in a “Minute to Win It” type of game. I declare this effort a real winner for all of us, for having Barry & Rollie in our midst!
- #6. Craig Olson entertained us with Highland songs and music along with a very talented young dancer who certainly awed all of us with her abilities. Craig brought a lot of energy to the group and had everyone engaged in singing and using hand movements during the song “The Unicorn”.

Pictures Courtesy: Lorrie Pismenny



THE FLU AND WHAT TO DO

UOAA UPDATE 10/2013

The flu brings with it, headache, upset stomach, diarrhea, muscle aches and pains. The advice to drink plenty of fluids and rest in bed remains sound medical advice for your general attack of the virus. But if your case of the flu includes diarrhea, the following may be helpful.

For those with a colostomy, it is usually wise not to irrigate during this time. Your intestine is really washing itself out. After diarrhea, you have a sluggish colon for a few days, so “leave it alone”. Start irrigation again after a few days when your colon has had a chance to return to normal. For those with an ileostomy, diarrhea is a greater hazard. Along with the excess water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid, which in turn, brings a state of dehydration. Therefore, you must restore electrolyte balance.

First, eliminate all solid food.

Second, obtain potassium safely and effectively from tea, bouillon and ginger ale.

Third, obtain sodium from saltine crackers or salted pretzels.

Fourth, drink a lot of fluids, including water.

Cranberry juice and orange juice also contain potassium, while bouillon and tomato juice are good sources of sodium. Increased water intake in the ileostomy patient results in increased urine output rather than increased water discharge through the pouch.

Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified. You should also know that diarrhea may be symptomatic of a partial obstruction or acute gastroenteritis. Since the treatment of these two conditions is entirely different, a proper diagnosis should be sought immediately. It is very important to determine whether the diarrhea is caused by obstruction or gastroenteritis. If you do not know, check it out with your doctor. Do not guess—always call your physician unless you are 100 percent certain what you are doing.

For those with a urostomy, be sure to keep electrolytes in balance. Follow the general instruction for colostomies and ileostomies.

No ostomate should take

(Cont’d on Page 9)

NOVEMBER 2013 Visiting Report

Ileostomy 5
Colostomy 5

Referrals from: HSC: 5 STB: 4

VALUED VISITORS: Fred Algera, Barb Pryce, Wayne Spencer, Judy Sproule, Sandy Owsianski

DECEMBER 2013 Visiting Report

Ileostomy 1
Colostomy 1

Referrals from: STB: 2

VALUED VISITORS: Barry Cox, Lorrie Pismenny

WOA STATS

Memberships of Dec. 31, 2013	220
Outstanding members since Sept. 2013	<u>20</u>
Total:	240

In MEMORIAM

**Al Wokes
Henry Koop
Billy Bereza**

We extend our sympathy to their
families and friends

REFRESHMENT COMMITTEE: DUTIES**SET UP**

1. Arrive approx. 6:45 pm. Put coffee pots on
2. Set out cups, glasses, sugar & cream, plates & napkins
3. Fill jugs with water & ice.
4. Accept goodies and put out on tables.

CLEAN-UP

1. Empty coffee pots and wipe them out.
2. Put away unused cups, glasses, napking, etc.
3. Wipe down table cloths.

Goodies continue to be brought in by
very generous members.

Training will be provided. Cream & Ice provided.



*We're all smiles because
you are so generous!*

In Memory of...

Henry Koop—Lorrie Pismenny
Bill Aitken—Rosemary Gaffray
Billy Bereza—M. Kohut
Billy Bereza—Marjorie Marsh
Al Wokes—Lorrie Pismenny

In Honour of...

Cornelius Sawatsky—Murray Rempel
& Grunthal Lumber employees*

Stoma Anniversary

Anonymous

**Youth Camp Fund**

Maureen Pendergast
Murray Rempel *
Cornelius Saswatsky

OTHER

Jan Dowswell
Evelyn Waldera
Allison Forrest
Maureen Pendergast
Fred Algera
Clarence Lucyshyn

*Your donations are
greatly appreciated.*



CONTROLLING ODOR

An important part of a new ostomate's rehabilitation is learning to control odor; it is important to feel good about oneself and be secure in relationships with others. The ostomate can be extremely sensitive to odors and the reaction of those around him or her, especially family and friends.



Colostomies tend to emit more odor than ileostomies because of the bacterial abundance in the colon. Most sigmoid and descending colostomies are routinely irrigated, so persistent odor is less of a problem than with a transverse colostomy where semi-liquid drainage tends to be rather malodorous. Ileostomates experience almost continual peristaltic waves which sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odor, i.e., bacterial growth. Extreme and persistent odor from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage. Urine has a characteristic odor, but a foul odor could be a sign of infection due to overgrowth of bacteria. Certain foods will affect the odor of both feces and urine. Avoiding such odor-producing foods will help. External and internal deodorants are available, but two important aspects of odor control are good personal hygiene and appliance care. For fecal ostomies, use odor proof pouches. Change the pouch immediately if a leakage occurs. Eliminate from your diet such odor producers as cabbage, onions, fish, spicy foods and eggs; do eat parsley and yogurt.

Internal deodorants that can be taken by mouth include bismuth subgallate tablets which help control odors by absorbing toxins. Ostomates should consult their doctor before taking these tablets.

Urinary ostomates should clean their pouches periodically with such agents as Uri Kleen, etc. Vinegar solutions have fallen into disfavor because they tend to damage certain manufacturers' products. Avoid eating asparagus and onions; do eat parsley and drink cranberry juice. Deodorants are not used because they would mask the odor which could signify the presence of an infection. With proper care of the appliance, personal hygiene and dietary precautions, odor should not be a problem with ostomates.

Source: Reprinted from Niagara ON Ostomy Assoc. "It's In The Bag" via Pensacola FLA, "Stoma-Gram" and Evansville (IN) "Re-Route" by Greater Seattle (WA) "The Ostomist" - Nov. 2013

EDITOR'S NOTE: IRRIGATION

Many articles that are reprinted from newsletters in the USA refer to colostomies & irrigation. I asked Mary Robertson if this was a practice that was offered in Manitoba. This is her response.

We will definitely help a person who is living with a colostomy learn how to manage their ostomy by irrigation as long as this is appropriate for the individual. Some criteria that make colon irrigation a suitable method of managing a colostomy include: the individual's preference to do so, the stoma is located in the descending or sigmoid colon, the person has normal bowel function, the person has the ability to learn & good manual dexterity and the person is agreeable to the time commitment of mastering the procedure as it can take weeks. The individual also should confirm this procedure is okay with their surgeon.

*Mary Robertson RN CETN (C)
Program Coordinator
Manitoba Ostomy Program*



Hints & Tips from Here, There and Everywhere!

Compiled by Chris Demeuse of Green Bay Ostomy Support Group May/June 2013

★ Caladryl lotion, Gelusil or Maalox wiped over the micropore adhesive or tape which is causing an irritation may quickly relieve the itching on the skin around the stoma.

★ After showering or bathing with the flange/faceplate off, hold a cold compress over the peristomal area for a few seconds to close pores before putting on a new appliance.

★ Do not worry about “accidents” and “problems” that may never happen. Plan ahead; keep an extra appliance change and extra clothes handy in case something does happen, but don’t worry needlessly. Life is too precious.

★ Remember after surgery when you were advised to “chew, chew, chew and drink, drink, drink?” It still applies; chew food carefully and never pass a water fountain without drinking.

★ Keep an updated list of all the ostomy supplies you use for your ostomy nurse, doctor, and family members; include the product numbers, sizes and manufacturers, as well. Keep it in a place where you can find it quickly. Make sure a family member knows where the list is.

★ Do not keep a “lifetime” supply of ostomy supplies on hand. Shelf life of those items may be limited.

★ Build a support system of people to answer questions when you have problems; include your ostomy nurse, ostomy visitor and the officers listed on the back of this newsletter.

★ Tea is an antispasmodic, is soothing to an upset stomach and contains potassium to replace one of the electrolytes frequently lost by ostomates.

★ Don’t shove parsley aside; it is one of nature’s best deodorants.

★ It is not necessary to use sterile supplies. The stoma and surrounding area is not sterile.

★ If your scissors get sticky after cutting a flange, clean the blades with rubbing alcohol.

★ Scotchgard sprayed on an elastic ostomy belt will keep it clean longer and help to hold its shape.

★ Tired of getting up at night to empty your pouch or release gas? Try using a ‘high output’ pouch with a built-in gas filter at night.

★ Two tablespoons of plain baking soda in water to

wash around the stoma can help heal the skin and relieve itching.

★ Pecans, cashews and walnuts are softer and easier to digest than peanuts.

★ Put a piece of tape down the entire length in the centre of the pouch to reduce rustling noises.

★ Antihistamines in allergy medications can slow down bowel motility (spontaneous movement of the digestive track). If you become constipated while on antihistamines, your physician might suggest an alternate medication.

★ Tomato juice is lower in cost per cup than Gatorade, while providing as much sodium and 5 times more potassium. Orange juice is another alternative, providing the same amount of sodium and 15 times the amount of potassium.

★ Lengthy sitting in one place can force the pouch contents upward around the stoma and cause leakage. Getting up occasionally and moving around will help.

★ If you wear a two-piece snap-on appliance, make sure the pouch is securely snapped to the flange. Give a little tug on the pouch to test its ‘lock’.

★ Use a hand mirror for a better view of the stoma. It’s a great way to see under the stoma.

★ When changing your appliance, for better adherence, warm the flange and peristomal skin 30 seconds before applying the flange. Then, with gentle pressure, hold your hand over the entire appliance for about 5 minutes for an even better seal; the warmth of the hand helps with adherence also. By taking the time to do these two things, you may actually get an extra day or more wear-time from your appliance.

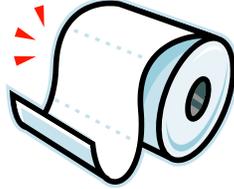
★ In an airplane or car, place the seat belt above or below the stoma. Don’t leave the belt unbuckled or excessively loose (1” maximum slack is recommended). Shields are available to protect the stoma.

★ When emptying your pouch, slip the clip under your watchband, into the side of your shoe or top of your sock or hose so that it doesn’t fall into the toilet or elsewhere. Carry an extra clip with you.

★ Some foods can change the colour of your stool. Bananas may turn it black; beets and tomatoes may turn it red; dyes in many foods (like in Jell-O, licorice, etc. may turn it red, black or green.

The Invention Of Toilet Paper

Toilet paper may seem like a modern convenience, but it actually has a long history. Excavations of public lavatories in ancient Rome suggest that people used small sponges attached to the ends of sticks, while evidence in Scotland reveals that moss was a common form of toilet paper well into medieval times.



Other archaeological sites throughout western Europe indicate that piles of straw and hay were kept next to lavatories in castles and monasteries. But it was the Chinese who invented the first toilet paper actually made from paper.

In AD 589, a Chinese Imperial Court official wrote: - *Paper on which there are quotations or commentaries from the Five Classics, or the names of sages, I dare not use for toilet purposes*, - proving that the concept of toilet paper was alive and well. Then, finally, in AD 1391, the Bureau of Imperial Supplies in China started producing as much as 720,000 sheets of toilet paper a year, each sheet measuring two feet by three feet. The Bureau later made another 15, - softer, perfumed sheets for use year round by the Imperial family.

Source: from James & Thorpe Ancient Inventions; via Mesa, AZ; S. Brevard, FL; Metro Halifax News, June 1996.

(Cont'd from Page 5) THE FLU AND....

medicine for pain or a laxative without a physician's order. Do not use an antibiotic for a cough or flu unless ordered by a doctor.

When returning to a normal diet, use fibre-free foods at first then gradually increase to a regular diet.

Prompt attention to symptoms of distress of colds and flu could bring a happier and hopefully healthier winter.

Source: Greater Seattle Ostomy Assoc. "The Ostomist" - Nov. 2013

Out of the Mouths of Babes

As I was nursing my baby, my cousin's six year -old daughter , came into the room. Never having seen anyone breast feed before, she was intrigued and full of all kinds of questions about what I was doing. After mulling over my answers, she remarked, "My mom has some of those, but I don't think she knows how to use them."



Winter

INCLEMENT WEATHER ON A MEETING NIGHT

Should the weather be so bad that we need to cancel our meeting—

- here are the steps to follow:

1. **WAIT** until after 12:00 Noon
2. **CALL 204-237-2022**, - (# found on back page).
3. **MEETING Cancelled—IF** there is a "CANCELLATION MESSAGE"

"Enjoy the little things, for one day you may look back and realize they were the big things."

STOMA ANNIVERSARY CLUB

The anniversary date of my stoma is _____ and to celebrate my second chance for healthy living, I am sending the sum of \$ _____ per year since I had my ostomy surgery.

NAME: _____

AMT. ENCLOSED: _____

Official receipts for tax purposes are issued for all donations, regardless of the amount.

My name and the number of years may be printed in the "INSIDE/OUT" newsletter. YES ___ NO ___

Clip or copy this coupon and return with your donation to:

Winnipeg Ostomy Association
204-825 Sherbrook Street
Winnipeg, MB R3A 1M5

Proceeds from the Stoma Anniversary Club will continue to go towards the purchase of audio & video equipment to promote the Winnipeg Ostomy Association and its programs.



THE WINNIPEG OSTOMY ASSOCIATION, INC. (WOA)
 204 - 825 Sherbrook St., Winnipeg, Manitoba, Canada R3A 1M5
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E-mail: osupplies@wrha.mb.ca

Monday to Friday 8:00am to 4:00pm

PICK-UP: Monday to Friday 8:00am to 11:00pm

WINNIPEG OSTOMY ASSOCIATION MEMBERSHIP APPLICATION

Current Members—PLEASE WAIT for your green membership renewal form to arrive in the mail.

Your renewal date is printed on your membership card.

New Members: Please use this form

Please enroll me as a new member of the Winnipeg Ostomy Association. I am enclosing the annual membership fee of **\$40.00**. WOA members receive the Chapter newsletter *Inside/Out*, become members of UOA Canada, Inc., and receive *Ostomy Canada* magazine.

Please send me the Chapter Newsletter, *Inside/Out*, via E-MAIL, in PDF format. YES _____ NO _____

NAME: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

I have a: Colostomy _____ : Ileostomy _____ : Urostomy _____ : Ileal Conduit _____ :
 Cont. Diversion: _____ : Pelvic Pouch _____ : Other _____ : YEAR OF BIRTH: _____

Please make cheque/money order payable to "Winnipeg Ostomy Association" and mail to:

WOA

c/o Box 158, Pine Falls, MB R0E 1M0