



The ileostomy & internal pouch
Support Group

Application for Membership

The current annual subscription is **£12.00** for people under age 60 and **£8.00** for those aged 60 and over. Please enclose a cheque made payable to “**York IA**”.

To join **York IA** please fill in the details below (using BLOCK letters) and send to:

**The Treasurer.
York IA,
50, The Paddock,
Wilberfoss,
York,
YO41 5LZ**

I wish to become a member/associate of **York IA**

I have an ileostomy internal pouch/colostomy/urostomy (delete as applicable)

Date of operation Diagnosis of your illness.....

Your title (Mr/Mrs/Miss/Ms)

Your full name.....

Address.....

Address.....

Postcode Phone Number

Date of Birth e-mail Address

I enclose my subscription of £

I also enclose a donation of £

Total enclosed £

Signed Date

Please send me a bankers order.

I confirm that I pay tax and **York IA** may claim tax back on my donation.

(all information given is treated as confidential)