

MEMBERSHIP APPLICATION

If you wish to become a member of the
Ostomy Support Group of Citrus County,
Fill out this application. Include a check
For \$10.00 made out to "Ostomy Support
Group of Citrus County" and

Mail to:

Gerry Brummer, Treasurer
34 Grass Street
Homosassa, FL 34446-6115

Name: _____

Address: _____

Phone: _____

Email: _____

Spouse: _____

DOB: _____ (Mo/Day)

COL: ___ IL: ___ UR: ___ Other: ___