



1739 University Avenue, #295, Oxford, MS 38655

[ExecDir@qla-ostomy.org](mailto:ExecDir@qla-ostomy.org) <https://qla-ostomy.org>

662-801-5461

## New Member Request

\_\_\_\_\_  
Title                      First Name                      Middle Name                      Last Name                      Suffix

\_\_\_\_\_  
Street Address                      City                      State                      ZIP

Or \_\_\_\_\_  
Country                      Postal Address

\_\_\_\_\_  
Home Phone                      Cell Phone                      Work Phone                      Primary Email                      Secondary Email

\_\_\_\_\_  
Birthday (mm/dd)                      Type of Continent Ostomy / Hospital / Year Performed if applicable

I would like to be part of the QLA referral list?  Yes       No

I give permission to be contacted by email?  Yes       No

Membership Type?  Single       Family

\_\_\_\_\_  
Family Member Name                      Family Member Relationship *e.g., Spouse, Child, Friend etc.*

\_\_\_\_\_  
Family Member Email Address                      Family Member Primary Phone

\_\_\_\_\_  
Family Member Postal Address if different

\_\_\_\_\_  
Family Member Birthday (mm/dd)                      Type of Continent Ostomy / Hospital / Year Performed if applicable

Family member wishes to receive email communications from QLA?  Yes       No

Family member wishes to be a part of the QLA referral list?  Yes       No

QLA's Newsletter, the *Horizons*, is delivered by email only if an email address is provided. Contact the QLA home office if you wish to receive a printed copy of the *Horizons* thru postal mail.

**Austin Medical Products (ampatch.com) graciously covers the first year's membership costs for new members. NOTE: QLA's membership year is January thru December; currently, dues are \$25 for single membership or \$35 for family.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Quality Life Association, 1739 University Ave., Oxford, MS 38655