

# YOU INC. MEMBERSHIP RENEWAL 2016

Statement of Confidentiality  
PLEASE USE BLOCK LETTERS

Mr - Mrs - Ms - Miss - Master - (Please circle)

First Name: .....

Surname.....

Address.....

.....Post code.....

Ph - Home .....

Mob - .....

Email Address.....

REASON FOR SURGERY

- |                         |                          |                |                          |
|-------------------------|--------------------------|----------------|--------------------------|
| Ulcerative Colitis      | <input type="checkbox"/> | Crohns Disease | <input type="checkbox"/> |
| Familial Polyposis      | <input type="checkbox"/> | Congenital     | <input type="checkbox"/> |
| Spina Bifida            | <input type="checkbox"/> | Cancer         | <input type="checkbox"/> |
| Trauma                  | <input type="checkbox"/> |                |                          |
| Other Please state..... |                          |                |                          |

YEAR OF STOMA.....

TYPE OF STOMA / S (Tick)

		Annual Membership	Please Complete
Colostomy	<input type="checkbox"/>		
Ileostomy	<input type="checkbox"/>	\$15.00	\$.....
Urostomy	<input type="checkbox"/>		
J Pouch	<input type="checkbox"/>		
Pensioner - yes/no (Pen Number) .....		\$10.00	\$.....
Professional Consultant:		\$15.00	\$.....
Interested person:		\$15.00	\$.....
Donation:		\$	\$.....
<b><u>TOTAL:</u></b>			<b>\$.....</b>

Where did you hear about YOU Inc.....

Please share a little information about your experience i.e. surgery, if you wish

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Membership period 1st July - 30th June annually.

Please email this renewal to [helshae@hotmail.com](mailto:helshae@hotmail.com)  
or print off and post to  
YOU Inc, P.O. Box 1433 MDC, Narre Warren, Vic 3805