



INSIDE OUT

MEMBERSHIP FORM

Full Name: Mr /Mrs/ Ms.....

Address:.....

.....**Post code:**.....

Home telephone: **Works telephone:**.....

E/Mail: **Mobile:**.....

Date of Birth:.....

Please tick all that is relevant to you:

It would help us to match you with others if we had the following information, however this is not obligatory.

- Yes, please enrol me as a member with immediate effect. My cheque of £5 (payable to St Marks Foundation (Inside Out)) is enclosed.**
- Yes, the newsletter editor can contact me for help if contributions for the newsletter are needed (NB if it's inconvenient at the time, you can say No).**
- I am considering surgery.**
- I had surgery in (year).....**
- I have a friend /relative with a stoma and would like to introduce them.**
- I am a stoma nurse / other professional interest.**

My medical condition is/was:

- Ulcerative colitis**
- Polyposis**
- Crohn's**
- Cancer**
- Other please state**

Type of stoma:

- Colostomy**
- Ileostomy**
- Urostomy**

My surgeon was/is..... at (hospital).....

Please tell us overleaf about any particular experience you have or had as a stoma patient which might help others (e.g. effect on lifestyle).

- Yes, I would be happy to talk to others about my experiences. You may pass on my contact details to other members of Inside Out ONLY**

Declaration: I am happy for these details to be recorded on the Inside Out data base and to talk to other members about my experiences in the hope it will help them.

SIGNED: **DATE:**.....