



# UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC. MEMBERSHIP AFFILIATION FORM – 2008

The **UOAA** is an association of affiliated, non-profit, support groups that are committed to the improvement of the quality of life of people who have, or will have, an intestinal or urinary diversion. It is dedicated to the provision of information, advocacy and service to, and for, its affiliated support groups, their members and the intestinal/urinary diversion community at large. It is organized to grow and develop while remaining independent and financially viable.

**UOAA** is managed by volunteers, with the cooperation and utilization of outside professional and contractual help when required. The **UOAA** Management Board of Directors consists of a President, President Elect, Vice President, Secretary, Treasurer and 4 Directors, elected by the affiliated support groups.

Membership in **UOAA** is open to any group that provides mutual aid and support to those who have undergone, or will undergo ostomy or continent bowel/bladder surgery, and to their caregivers/family, and meets the following

**Requirements for membership:**

- Acceptance of UOAA's Constitution, agreement to support UOAA's mission, programs and activities, and, IF group coverage is elected under UOAA's 501(c)(3) Charity Status, adherence to the IRS mandated provisions;
- Payment of the Annual Affiliation Fee as determined each year by the UOAA Management Board of Directors; The Annual Affiliation Fee rate for 2008 is \$ 2.00 / member. For groups that report "No Members" the Fee is \$ 25.00 per year.
- Agreement to encourage support group members to subscribe to UOAA's magazine, "**The PHOENIX**";
- **Provision to UOAA of an e-mail address where communications to the support group can be sent;**
- Agreement to have an active patient "Visiting Program";
- Agreement that upon dissolution of the group it will give any remaining funds in its treasury to a viable 501(c)(3) charity/s, with strong preference to UOAA or to other organizations that provide support to ostomates.

*By affiliating with UOAA you will be joining an organization that is dedicated to increasing your viability as a support group, and, to improving the quality of life, after surgery, of your group's members and the ostomy/continent diversion community it serves.*

----- **Membership Application – please type or print** -----

We, the \_\_\_\_\_, with \_\_\_\_\_ members  
*name of support group* *number of members*

on \_\_\_\_\_, hereby applies for membership in UOAA.  
*date*

**Name of principal contact:** \_\_\_\_\_

**Mailing address of group:** \_\_\_\_\_

*If your ASG wishes to take part in the UOAA tax-exemption program, please provide your 9-digit Federal EIN (Employer Identification Number): \_\_\_\_\_  
An EIN can be obtained by calling the IRS at 800-829-4933*

\_\_\_\_\_  
*contact telephone number*                      *contact fax number*                      *group e-mail address*

**Name and e-mail address, or telephone #, of person making this application, if different from above:**

\_\_\_\_\_

**SUBMISSION OF THIS FORM EVIDENCES YOUR AGREEMENT TO COMPLY WITH THE ABOVE LISTED REQUIREMENTS OF AFFILIATION**

Please return this form to Joan McGorry, UOAA Office Administrator  
PO Box 66, Fairview, TN 37062  
or e-mail information to: [oa@uoaa.org](mailto:oa@uoaa.org) or fax it to 615-799-5915