



ASSOCIATION OF THE AMERICAS (OAA)

MEMBERSHIP AFFILIATION FORM

FOR MEMBERSHIP IN EITHER

NCACOA or ALADO

The Ostomy Association of the Americas is one of three Regions that comprise the International Ostomy Association. OAA is volunteer managed, non-profit-making, non-political and a religiously neutral organization of nationally based ostomy associations. It is concerned only with the health, welfare and quality of life of those patients that have had, or will have bowel or urinary diversion surgery. OAA provides to its member associations: information and management guidelines; help to form new ostomy associations; and, assists in the promotion of awareness of the human rights of ostomy patients.

OAA is divided geographically into 2 sub-Regions: The North and Central America and Caribbean Ostomy Association (NCACOA) and the Asociacion Latino Americana de Ostomizados (ALADO).

The affairs of ALADO and NCACOA are managed by officers elected by delegates representing member Associations at regularly scheduled meetings. National Ostomy Associations become affiliated with OAA, and in turn with IOA through membership in either ALADO or NCACOA.

There are 2 classes of membership an ostomy association wishing to join a Regional Ostomy Association may elect:

(1) FULL MEMBERSHIP; and, (2) ASSOCIATE MEMBERSHIP.

An ostomy association which serves its entire country, or its country together with one or more other countries, may apply for a FULL MEMBERSHIP. Ostomy associations not qualifying for FULL MEMBERSHIP may apply for an ASSOCIATE MEMBERSHIP.

FULL MEMBERSHIP Association delegates shall have the right to vote at their sub-Regional meetings and at OAA House of Delegates meetings; ASSOCIATE MEMBERSHIP delegates shall have the right to speak at their sub-Regional and at OAA House of Delegates meetings, but not to vote.

MEMBERSHIP AFFILIATION

OAA is governed by a Coordination Committee consisting of a President who shall act as Chairman, a Vice President, the President of ALADO, the President of NCACOA, a Secretary and a Treasurer. The business affairs of OAA are managed by this Coordination Committee assuring democratic representation in the management process. Two members of the OAA Coordination Committee shall serve on the Coordination Committee of IOA along with two members from each of the other 2 IOA Regions. The business affairs of IOA are managed by this Coordination Committee.

Financing for OAA, ALADO and NCACOA activities and projects is provided through membership dues with additional funding coming from donations and grants contributed by concerned corporate and private interests.

OAA membership dues are structured as follows:

FULL MEMBERSHIP

ASSOCIATE MEMBERSHIP

Number Recorded Members

Annual Dues

- | | | |
|--------------------|------------|-----------------------|
| • Up to 500 | \$ 180 USD | All Groups \$ 150 USD |
| • 500 to 1,000 | 350 | |
| • 1,001 to 2,500 | 650 | |
| • 2,501 to 5,000 | 1,000 | |
| • 5,001 to 7,500 | 1,500 | |
| • 7,501 to 10,000 | 2,000 | |
| • 10,001 to 12,500 | 2,500 | |
| • 12,501 to 15,000 | 3,000 | |
| • 15,000 and over | 3,500 | |

APPLICATION FORM

(Please complete electronically and then print out; or, down load and hand print.)

The (Name of Association) _____

Applies for: (check one) FULL MEMBERSHIP ASSOCIATE MEMBERSHIP

The postal address for our Association is:

Tel # with country code: _____ Fax #: _____

Email: _____ Internet website: www. _____

The name of our Association's principle contact is: _____

Mailing address of principal contact if different from that written above:

By Signing below, we certify:

1) That our Association accepts, supports and agrees to adhere to the provisions of the constitution or our applicable sub-Regional Ostomy Association, and the Constitution of OAA;

2) That we are, or will be, as soon as possible, managed by ostomates, or those with related bowel or urinary diversions.

Before our association can be accepted as an ALADO or NCACOA member, we understand we must:

- 1) Have completed and submitted this Membership Application form;
- 2) Have enclosed a check for the OAA Annual Dues Fee made payable to "ALADO" or "NCACOA";
- 3) Have provided documentation of countrywide or multi-country activities;
- 4) Have been approved by a simple majority vote of the House of Delegates of the applicable sub-Regional Ostomy Association in which membership is applied for.

Statistical Information: There are _____ (number) of members in our Association.

Our Association was organized in _____ (day / month / year)

SIGNATURE OF ASSOCIATION'S REPRESENTATIVE:

(Name) _____ (Date) _____

Please mail this Application, together with a copy of your Constitution, and other required documentation to:

ALADO

c/o Mariela Acero de Romero, Presidenta
Este # 1A-63 Sur. Barrio Paraiso
Facatativa, Cundinamarca
Colombia, Sur America

NCACOA

c/o George Salmay, President
Calle 3
30 Wyckoff Way
Chester, New Jersey 07930
USA