



ovarian cancer alliance of ohio
MEMBERSHIP FORM

Membership gives you:

- Voting rights at the annual meeting
- First notice of events and updates about the organization

Member Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

By providing an email address, I am aware that I will be receiving OCAO email notification for event updates, newsletter, and pertinent information.

If you do not want to receive email notification, please, check the box below.

I do not want to receive email communication from the OCAO.

Member Profile:

I am interested in the following committees:

Education Awareness & Outreach

Strides for Hope 5K Marketing

I want to be where I am most needed. Contact me about general volunteer opportunities.

The talents I would like to share with the OCAO are:

Survivor Profile:

I am a survivor.

I am interested in talking with other survivors about my experiences.

I would like someone to contact me for outreach and support.

I was diagnosed _____ with stage _____ ovarian/peritoneal cancer.

www.ocado.org

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