



nswstoma

LIMITED

Membership Application

TAX INVOICE

All correspondence to: NSW Stoma Limited
PO Box 164, Camperdown NSW 1450

Unit 5, 7-29 Bridge Road, Stanmore NSW 2048
Tel: 1300 678 669 / (02) 9565 4315

Fax: (02) 9565 4317
Email: info@nswstoma.org.au
Web: www.nswstoma.org.au

ABN 51 610 218 338

Annual Stoma Scheme access fee

(per Government guidelines)

Full Member: **\$60.00** Concession Member*: **\$50.00**
Associate Member: **\$10.00** DVA Gold Card Holders: **Exempt**
Plus **\$13 postage/handling** waived for 1st delivery.

**Pensioner and Commonwealth Health Card holders.*

I hereby apply to be enrolled as a Member of NSW Stoma Limited

(Tick whichever applies) Full Member Concession Member Associate Member DVA Gold Card Holder

Surname Given Names

Residential address: _____

City/Town: _____ Postcode: _____

Postal address (if different from above): _____

City/Town: _____ Postcode: _____

Email: _____

Telephone No: _____ Health Card No. (if applicable): _____

Medicare No: _____ Pension No. (if applicable): _____

Date of birth: ____ / ____ / ____ (dd/mm/yyyy) Veteran Affairs No. (if applicable): _____

Declaration

I hereby declare that I reside at the above address AND that I am a permanent resident of Australia.

Date: ____ / ____ / ____ (dd/mm/yyyy)

Signature of new Member

Details of Ostomy operation (Tick applicable box)

Date of operation: ____ / ____ / ____ (dd/mm/yyyy) Temporary Ostomy Permanent Ostomy

Type of Ostomy? Colostomy Ileostomy Urostomy Other? _____

Hospital: _____ Signature of Doctor or Stomal Therapy Nurse: _____

Your Doctor or Stomal Therapy Nurse must sign above unless a separate certificate is attached.

PAYMENT OPTIONS

Please accept my payment of \$ _____

Direct Deposit: Account Name: NSW Stoma Ltd BSB: 012-205 Acc No: 299264819 Ref: Your Name & Member No.

Cheque: Must be addressed to NSW Stoma Ltd

Mastercard or Visa: Cardholder's name (as appearing on card): _____

Card number:

Expiry: ____ / ____ (mm/yy) Cardholder's signature: _____

Members must pay the Stoma Appliance Scheme Access Fee (your NSW Stoma membership fee) to access the Stoma Appliance Scheme. You must pay \$13 to cover the cost of postage and handling of each order. If ordering a 2 month supply the postage and handling fee is doubled.

- NOTE:**
1. **Declaration** section above must be signed by the new member.
 2. **Pension number** must be provided above otherwise we are unable to register them as a Concession Member and they must pay the Full Member fee.
 3. Cheques and Money Orders should be made payable to the NSW Stoma Limited.
 4. Membership Application form and payment should be forwarded *together with the Australian Government A. B. form to:*
NSW Stoma Limited, PO Box 164, Camperdown NSW 1450