



nswstoma

LIMITED

Membership Renewal

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

Full Member	\$60.00	<input type="checkbox"/>
Concession Member	\$50.00	<input type="checkbox"/>
Associate Member*	\$10.00	<input type="checkbox"/>
DVA Gold Card Holder	Exempt	<input type="checkbox"/>

*Members who do not receive appliances.

Membership No: _____

_____ Surname _____ Given Names

Residential address: _____

City/Town: _____ Postcode: _____

Postal address (if different from above): _____

City/Town: _____ Postcode: _____

Email: _____

Telephone No: _____ Mobile No: _____

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

Declaration:

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

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

Please complete and return this Membership Renewal Form to NSW Stoma Limited

Email: info@nswstoma.org.au Post: PO Box 164, Camperdown NSW 1450

Membership fees are due on 30 June each year.

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: _____

To ensure there is no disruption to the supply of appropriate products, members must comply with the government regulations that all members must be up to date with the required fees. All memberships to NSW Stoma Ltd expire on 30 June each year regardless of the date you joined. Your Access Fee for the Stoma Appliance Scheme (SAS) is your membership to NSW Stoma Ltd and this fee is due on 30 June each year for the following financial year (July-June).