



nswstoma

LIMITED

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

Notification of Transfer from (Association) to another Association

To: The Secretary

(Association) _____

_____ Postcode: _____

Telephone: _____ Facsimile: _____

We would like you to know that the member of this Association as stated below wishes to transfer membership to your Association in order to continue to receive their ostomy supplies.

Yours sincerely,

On behalf of (Association)

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

Surname: _____

Given names: _____

Residential Address: _____

_____ Postcode: _____

Telephone: _____ Facsimile: _____

Appliance Entitlement No: _____ Medicare No: _____

Pension No: _____

Current Financial Member: Yes No

Current Appliances: _____

Date of supply last issued: _____ / _____ / _____ (dd/mm/yyyy)

For transfers to NSW Stoma Ltd please complete the NSW Stoma Membership Application Form. Both forms should be returned to NSW Stoma with your completed order form. If you are a financial member of another organisation you are not required to pay a membership fee to NSW Stoma during the current financial year.