Membership Application

Annual membership Fee and Access Fee to the Stoma Appliance Scheme (SAS)

(per Government guidelines)

Full Member: \$70* Concession Member**: \$60*
Associate Member: \$10 DVA Gold Card Holders: Exempt

Postage Fees waived for first order

* Total annual fees include SAS Access fee (\$60 full membership, \$50 Concession) plus \$10 NSW Stoma Ltd fee

** Pensioner Card holders



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

I housely comply for manufactatin with NCW Chance Limited	
I hereby apply for membership with NSW Stoma Limited	
(Tick whichever applies)	d Card Holder
Surname — Given Names	
Residential address:	
City/Town: Postcode:	
Postal address (if different from above):	
City/Town:	
Email (for all member notifications):	
Phone: (h): Medicare No (copy of Medicare card is required):	
(m): Pension CRN (copy of card is required):	
Date of birth: / / (dd/mm/yyyy) Veteran Affairs No. (if applicable):	
Other Contact:	
Relationship to member: Phone:	
Declaration	
I hereby declare that I reside at the above address AND that I am a permanent resident of Australia.	
Signature of new Member Date: / / (dd/mn	n/yyyy)
Details of Ostomy operation (Tick applicable box)	
Date of operation: / / (dd/mm/yyyy)	
Type of Ostomy: Colostomy Ileostomy Urostomy Other:	
Hospital: Name of Doctor or Stomal Therapy Nurse:	
This form must be accompanied by a completed Stoma Appliance Scheme Application form from your GP or Stomal Therapy Nurse.	
PAYMENT	
Membership Fee: \$	
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, PO Box 164, Camperdown NSW 1450	
Mastercard or Visa: Cardholder's name (as appearing on card):	
Card number: Expiry (mm/yy):	\neg
Cardholder's Signature	

- **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.
 - Membership Application form and payment should be forwarded together with the Australian Government Stoma Appliance Scheme
 Application form to: NSW Stoma Limited, PO BOX 164, Camperdown or emailed to: info@nswstoma.org.au or faxed to: 02 9565 4317