

# Membership Renewal



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

Full Member	\$75	<input type="checkbox"/>
Concession Member *	\$65	<input type="checkbox"/>
Associate Member **	\$10	<input type="checkbox"/>
DVA Gold Card Holder ***	Exempt	<input type="checkbox"/>

\* Pensioner and Commonwealth Card Holders Copy of card is required.

\*\* Stoma Appliance Scheme Products not required.

\*\*\* Paid by Department of Veteran Affairs

### PLEASE COMPLETE ALL YOUR DETAILS

Membership No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Surname

Given Names

Residential address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Delivery address (if different from above): \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email (for all member notifications): \_\_\_\_\_

Phone (h): \_\_\_\_\_ (m): \_\_\_\_\_ (to receive SMS notifications including delivery notifications.)

Medicare No: \_\_\_\_\_ Pension/DVA No (if applicable): \_\_\_\_\_

**(copy of Medicare card required if not supplied previously) (copy of Pension/DVA card required to access concession pricing)**

Please complete and return this Membership Renewal Form to NSW Stoma Limited  
Email: memberships@nswstoma.org.au Post: PO Box 164, Camperdown NSW 1450

**Membership fees are due on 30 June each year.**

### PAYMENT

Due in June (amounts listed at the top of the form)

Membership Fees: \$ \_\_\_\_\_

Standard Postage for 1 month supply in NSW \$15

Postage: \$ \_\_\_\_\_

Donations of \$2 or more are tax deductible

Donation: \$ \_\_\_\_\_

Please acknowledge my donation!

**Total payment: \$ \_\_\_\_\_**

I agree to be acknowledged in NSW Stoma journal and in other NSW Stoma communications. We will not acknowledge your donation publicly unless you agree by ticking the box.

**Website:** nswstoma.org.au/member-payment

**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):

/

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 to the Stoma Appliance Scheme (SAS) is included in your membership to NSW Stoma Ltd and this fee is due on 30th June each year for the following financial year (July-June).