

Membership Application



nswstoma

L I M I T E D

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

(per Government guidelines)

Full Member: **\$75** Concession Member*: **\$65***
 Associate Member: **\$10** DVA Gold Card Holders: **Exempt**

Postage Fees waived for first order

*Pensioner Card holders

I hereby apply for membership with NSW Stoma Limited

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

Residential address: _____
Surname Given Names

City/Town: _____ Postcode: _____

Postal address (if different from above): _____

City/Town: _____ Postcode: _____

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/mm/yyyy)

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: _____ 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):

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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.
 4. 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