



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 | \$80 | <input type="checkbox"/> |
| Concession Member* | \$70 | <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 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 \$16

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: <https://portal.nswstoma.au/login>

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).