Membership Application	
Annual membership Fee and Access Fee to the Stoma Appliance Scheme (SAS)	nsw stoma
(per Government guidelines)	TAX INVOICE
Full Member:\$80Concession Member*:\$70*	All correspondence to: NSW Stoma Limited PO Box 164, Camperdown NSW 1450
Associate Member: \$10 DVA Gold Card Holders: Exempt ostage Fees waived for first order Pensioner Card holders	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 hereby apply for membership with NSW Stoma Limited (Tick whichever applies)	sociate Member 🛛 DVA Gold Card Holder
Surname	Given Names
City/Town:	
Postal address (if different from above):	
City/Town:	
Email (for all member notifications):	
Phone: (h): Medicare No (copy of Medicare card	
(m): Pension CRN (copy of card is require	
Date of birth: / / (dd/mm/yyyy) Veteran Affai	
Other Contact:	
I hereby declare that I reside at the above address AND that I am a perr Signature of new Member Date:	manent resident of Australia. _ / / (dd/mm/yyyy)
AYMENT	
/embership Fee: \$	
Direct Deposit: Account Name: NSW Stoma Ltd BSB: 012-205 Acc N	
Cheque: Must be addressed to: NSW Stoma Ltd, PO Box 164, Camp Mastercard or Visa: Cardholder's name (as appearing on card):	
Card number:	Expiry (mm/yy):
Cardholder's Signature	
 IOTE: 1. Declaration section above must be signed by the new member. 2. Pension number must be provided above otherwise we are unable to register must pay the Full Member fee. 3. Cheques and Money Orders should be made payable to the NSW Stoma Lim 4. Membership Application form and payment should be forwarded together wit Application form to: NSW Stoma Limited, PO BOX 164, Camperdown or ema 	ited. h the Australian Government Stoma Appliance Scheme

^{3.} Cheques and Money Orders should be made payable to the NSW Stoma Limited.