

Supply Order Form

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

(per Government guidelines)

Full Member: \$80

Concession Member*: \$70

Associate Member: \$10

DVA Gold Card Holder: Exempt

* Pension and Concession Card holders

APPLIANCE/ITEM	BRAND	CODE NO. ON BOX	QTY. IN PACK	NO. OF PACKS	TOTAL (QTY. IN PACK × NO. OF PACKS)

DELIVERY METHOD: Pick Up Postal Delivery Deliver to an Alternative Address

Alternative Address: _____

DUE: POSTAGE waived for first order; standard for one month supply is \$17
 ANNUAL MEMBERSHIP FEE includes set-up fee; expires 30th June regardless of date joined
 DONATION donations of \$2 or more are tax deductible

\$
\$
\$
TOTAL: \$

PAYMENT:

Direct Deposit: **Acc. Name:** NSW Stoma Ltd **BSB:** 012 205 **Acc. No:** 299264819 **Ref:** Name & Member No.
 Cheque — Please address to: **NSW Stoma Ltd**, PO Box 164, Camperdown NSW 1450
 Mastercard or Visa: Cardholder's name (as it appears on card): _____

Card Number:

Expiry:

____ / ____

THANK YOU: This form and payment should be forwarded together with your completed Department of Health and Aged Care Stoma Appliance Scheme Application Form to: **NSW Stoma Limited, PO BOX 164, Camperdown** or by email (info@nswstoma.org.au) or fax to **02 9565 4317**.